

COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name _____ First Name _____ MI _____

Date of birth _____ Patient number (*medical record or IIS record number*) _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19		____/____/____ <i>mm dd yy</i>	
2 nd Dose COVID-19		____/____/____ <i>mm dd yy</i>	
Other		____/____/____ <i>mm dd yy</i>	
Other		____/____/____ <i>mm dd yy</i>	