

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.

Yonnis
Manaf
504-896-2766
 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	Pfizer Biontech E10140	12/28/20 mm dd yy	CHWOLA
2 nd Dose COVID-19	Pfizer Biontech E10142	01/15/21 mm dd yy	CHWOLA
Other		___/___/___ mm dd yy	3pm
Other		___/___/___ mm dd yy	