

ALBERTO:

Subilo luego me lo devuelves para
Ponerlo en su folder.

Juan
Morales

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: Flores
First Name: Paul
MI
Date of birth: 06/22/53
Patient number (medical record or IIS record number):

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer EN6201	02/23/21 mm dd yy	LAFO Hill
2 nd Dose COVID-19	Pfizer EN6208	03/16/21 mm dd yy	FAFD Hill
Other	Pfizer FH 8527	11/13/21 mm dd yy	CDC
Other		___/___/___ mm dd yy	