

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: Tovar Ramirez First Name: Misael
 Date of birth: 09/19/1979 Patient number (medical record or ID number): _____

| Vaccine | Product Name/Manufacturer Lot Number | Date | Healthcare Professional or Clinic Site |
|----------------------------------|---|---------------------------------|---|
| 1 st Dose COVID-19 | <u>Pfizer</u> <u>EW 19848</u> | <u>01 / 07 / 22</u> mm dd yy | Smith's Well Child & Family Center 1910 S. Magnolia Ave. Ste. 101 Los Angeles, CA. 90007 PH: (213) 779-0947 |
| 2 nd Dose COVID-19 | | mm / dd / yy | |
| Other | | mm / dd / yy | |
| Other | | mm / dd / yy | |