

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.

Meléndrez Revolorio Yemi Xiomara
Last Name First Name MI

02-12-1987
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 EW0173	05/04/21 <small>mm dd yy</small>	Via Care
2 nd Dose COVID-19	Pfizer EW0173	5/25/21 <small>mm dd yy</small>	Via Care
Other		<small>mm dd yy</small>	
Other		<small>mm dd yy</small>	