

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: **RAMIREZ** First Name: **EVELIN** MI

Date of birth: **01/01/1984**

Vaccine	Date	Professional Site	(IIS record number)
1 st Dose COVID-19	PFIZER COVID-19 VACCINE Date: 4/2/2021 LOT#: EW0150 EXP: 07/31/2021	FORUM	
2 nd Dose COVID-19	PFIZER COVID-19 VACCINE Date: 4/23/2021 LOT#: EW0171 EXP: 08/31/2021	FORUM	
Other			