

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: Troyan First Name: Nadezhda MI: N

Date of birth: 08/23/07 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	COVID-19 VACCINE PFIZER LOT ER8736 Admin Date: 5/15/21	m / dd / yy	BICP
2 nd Dose COVID-19	COVID 19 VACCINE PFIZER LOT # EW0186 ADMIN DATE: 6/5/2021	dd / yy	BICP
Other		mm / dd / yy	
Other		mm / dd / yy	