

# 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: Troyer First Name: Nicolas MI: G  
 Date of birth: August 23 2007 Patient number (medical record or IIS record number): \_\_\_\_\_

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