

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: **Epanchin** First Name: **Tatiana** MI: _____
 Date of birth: **07/19/1971** Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	COVID-19 Vaccine Pfizer/ Lot EN6204 Admin Date: 3/6/21	/ / yy	MPFH
2 nd Dose COVID-19	COVID-19 Vaccine Pfizer/ Lot EP6955 Admin Date: 3/27/21	/ / yy	MPFH
Other		/ / yy	
Other		mm / dd / yy	