

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 SHIMMA First Name MIROKY MI
Date of birth 10-22-2008 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	Pfizer EW0171	<u>6/18/2021</u> d / yy	
2 nd Dose COVID-19	Carson Pharmacy	<u>6/18/2021</u> mm dd / yy	
Other	Pfizer EW0171	<u>7/9/2021</u> / yy	
Other	Carson Pharmacy	<u>7/9/2021</u> mm dd / yy	