

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.

Bouajja, Jamal

Last Name

Date of birth

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<i>Pfizer E W0170</i>	<i>4/24/21</i> mm dd yy	<i>Yale West Conn</i>
2 nd Dose COVID-19	<i>Pfizer E W0185</i>	<i>5/15/21</i> mm dd yy	<i>Yale West Conn</i>

Otr

Otr

Vaccine Name	Lot Number	Date	Healthcare/ Clinic Site
<i>Pfizer</i>	<i>FJ1611</i>	<i>01/05/22</i>	<i>Meriden</i>

