

# COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information about the vaccines you have received.

or favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name: Stanford First Name: Phoebe MI: \_\_\_\_\_

\_\_\_\_\_  
Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	EL9264	2/5/21 mm dd yy	MCC
2 <sup>nd</sup> Dose COVID-19	EL9266 Pfizer	2/26/21 mm dd yy	MCC
Other	Pfizer FC3123	10/1/21 mm dd yy	MCC
Other		_____ mm dd yy	