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.

Annapareddy Vijaya Lakshmi

Last Name First Name MI

8/12/1974

Date of birth Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Pfizer-BioNTech Lot #: ER8729 Date: 4/6/21 Allegheny Health Network:DSG	__/__/__ yy	
2nd Dose COVID-19		__/__/__ yy	
Other	Pfizer-BioNTech Lot#: ER8736 Date: 4/27/21 Allegheny Health Network: DSG	__/__/__ yy	
Other		__/__/__ yy	

Va

Lot: FE3594

Walmart 2300
Robinson Twp, PA
Date: 12/30/21

COVID-19 vaccine Vacuna contra el COVID-19	01/21/21 mm dd yy
Other Otra	__/__/__ mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit **cdc.gov/coronavirus/2019-ncov/index.html**.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at **vaers.hhs.gov**.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite **espanol.cdc.gov/coronavirus/2019-ncov/index.html**.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en **vaers.hhs.gov**.

09/03/20

MLS-319813_r