

COVID-19 Vaccination Record Card

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

FIRST NAME LAST NAME

DATE OF BIRTH PHARMACY

Dose	Product Name	Lot Number	Admin. Date
1			___/___/___ mm dd yy
2			___/___/___ mm dd yy
Notes:			

For full protection, you may require a second dose. Please book with your pharmacy in a few months.

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