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 informaci6n medica sobre las vacunas que ha recibido.

Last Name | First Name | M

Date of birth | Patient number *(medical record or ltS record number)*

	Product Name / Manufacturer Lot Number	**Date**	**Healthcare Professional or Clinic Site**
COVID-19	**1"** Dose	/ / *mm da yy*	
COVID-19	2nd Dose	___ / ___ / *mm da yy*	
Other	_____	/ *mm da yy*	
Other	/	/ *mm da yy*	

Reminder! Return for a second dose!

¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	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 vacunacien a cada cita medica ode vacunacion. Consulte con su proveedor de atencion medica pars asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener mas information 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 despues de la vacunacion contra el COVID-19 **al Sistema** de Notificacion de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.