

COVID-19 Vaccination Record Card



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

请保留此卡片，其中包括了您所注射疫苗的医疗信息。

Last Name

First Name

MI

Date of birth

Patient number (*medical record or IIS record number*)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	<u> </u> / <u> </u> / <u> </u> <i>mm dd yy</i>	
2 nd Dose COVID-19	<u> </u> / <u> </u> / <u> </u> <i>mm dd yy</i>	
Other		<u> </u> / <u> </u> / <u> </u> <i>mm dd yy</i>	
Other		<u> </u> / <u> </u> / <u> </u> <i>mm dd yy</i>	

Reminder! Return for a second dose!

提示！返回打第二剂！

Vaccine	Date / 日期
COVID-19 vaccine COVID-19 疫苗	<hr/> mm / dd / yy
Other 其他	<hr/> 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](https://www.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.

每次注射疫苗或就诊都携带此疫苗记录。请与您的医疗保健提供者核实，以确保您没有错过任何常规推荐的疫苗针剂。

有关 COVID-19 和 COVID-19 疫苗的更多信息，请访问 [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)。

您可以向疫苗不良事件汇报系统 (VAERS) 报告注射 COVID-19 疫苗后可能出现的不良反应。网址是 vaers.hhs.gov。