Biológico	Dosis	Fecha	Fabricante	Lote	IPS vacunadora	Nombre vacunador	Cédula del vacunador
COVID-19	1	4-03-21	PFIZER	EN1195 30/06/21	CAPS BOSA.	Liliana Herrera	52674673
	2	25-03 2021	PFIZER.	EN1195 30.06.21	CAPS BOSA	Liliana Herrero	52674673.

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.

Rodriguez — Last Name
Carol Viviana — First Name / MI
11/04/1983 — 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 EN1195	03/04/21 mm dd yy	Columbia
2nd Dose COVID-19	Pfizer EN1195	03/25/21 mm dd yy	Columbia
Other	Pfizer FH8020	11/08/21 mm dd yy	Yankee Stadium
Other		___/___/___ mm dd yy	