

COVID-19 Immunization Card

Patient Name: _____

Dose:	Vaccine Name & Lot #:	Date Given: dd/mm/yy	Administered By: Health Provider Signature
1 st Dose	-----		
2 nd Dose	-----		
Your 2 nd dose appointment (if applicable) is: dd/mm/yy			

Remember to keep this card with your other immunization records.