

NEEDED FOR CHECK-IN

DRIVERS LICENCE



INSURANCE CARD



MEDICARE CARD (IF 65 YEARS+)



COVID VACCINE CARD

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.

Last Name _____ First Name _____ MI _____

Date of birth _____ Patient number (medical record or ID record number) _____

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

If you do not have any of these please let
PHARMACY staff know