

You have received



Please bring this card to your next appointment and keep it safe for future reference.

For more information on the AstraZeneca vaccine, visit www.azcovid-19.com or scan this code



During the initial pandemic stage, Vaxzevria™ may also be distributed with the packaging named COVID-19 Vaccine AstraZeneca

AstraZeneca 

Please fill in the information below:

Vaccine recipient:

1st dose date: ___ / ___ / ___

Batch no:

Second appointment date: ___ / ___ / ___

2nd dose date: ___ / ___ / ___

Batch no:

If you have any concerns about side effects **talk to your doctor or healthcare professionals** or contact **AstraZeneca** on **+356 22778000**

Please report adverse events to www.medicinesauthority.gov.mt/adrportal