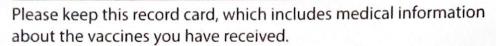
COVID-19 Vaccination Record Card



Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Avalos Elizabeth
Last Name
First Name

Date of birth

Patient number (medical record or IIS record number)

MI

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Phren EUN182	5, 9,21 mm dd yy	Walnut 5145
2 nd Dose COVID-19	EW0180	5 70 / 21 mm dd yy	5748
Other	Pfizer 8008	11/13/81 mm dd yy	NAG 0844
Other		$\frac{1}{mm} \frac{1}{dd} \frac{1}{yy}$	