

# 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.



Gomez Basurto

Last Name

Gabriela

First Name

MI

~~07/24/1973~~

Date of birth

10-24-1978

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	JANSSEN 1808980	05/20/2021 mm dd yy	
2 <sup>nd</sup> Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	

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Gomez Basurto

Last Name

Gabriella

First Name

MI

10/24/78

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Pfizer FJ8757	12/3/21 mm dd yy	CWS 9485
2 <sup>nd</sup> Dose COVID-19	Pfizer 33036 BD	12/28/21 mm dd yy	CWS 4108
Other		mm dd yy	
Other		mm dd yy	