

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 **DIAZ** First Name **LILIANA** MI
04-08-72
Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	LILIANA . DIAZ DoB: 04/08/1972 Date: 07/02/2021 loc: 034-395 Prod: JANSSEN COVID-19 VACCINE Mfr: JANSSEN Exp: 07/02/2021		Kroger
2 nd Dose COVID-19	Lot: 1821281 Qty: 0.5ml NDC: 59676-0580-15		
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	