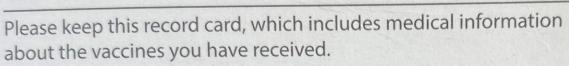
COVID-19 Vaccination Record Card





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

Slin Lopez Last Name Melisse First Name

MI

03/8/85

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	P6.240 EW0197	6 / [L/2] mm dd yy	CVS [0931
2 nd Dose COVID-19	PFizer ewn181	7/3/21 mm dd yy	CVS 10931
Other	PERECEISI97	1 1 4 122 mm dd yy	Chorce
Other		//	