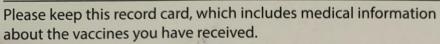
COVID-19 Vaccination Record Card





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

Gallardo Ac Last Name First Name

MI

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Pfizer EWO185	5 124 24 mm dd yy	Tom Thurs
2 nd Dose COVID-19	PATEN DIGI	06/8/21 mm dd yy	Tonthurb 2642
Other	9	mm dd yy	
Other		mm dd yy	