

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.



ZAMUDIO

Last Name

EMILIO

First Name

MI

10/26/1982

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	JANSSEN 20612114	5 / 21 / 21 mm dd yy	Walmart 3452
2 nd Dose COVID-19		___ / ___ / ___ mm dd yy	
Other	MODERNA 001J21-2A	1 / 13 / 22 mm dd yy	Walmart H5684
Other		___ / ___ / ___ mm dd yy	