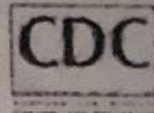


# COVID-19 Vaccination Record Card

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.



Garcia

Last Name

Evelyn

First Name

MI

02/01/92

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	Janssen 1821286	06/19/21 mm dd yy	
2 <sup>nd</sup> Dose COVID-19		___/___/___ mm dd yy	
Other	Booster Janssen 1822809	01/02/22 mm dd yy	PMG
Other		___/___/___ mm dd yy	