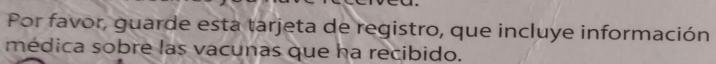
COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.



Last Name

Date of birth

First Name

MI

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Janssen 204 A 21A	5 14 124 mm dd yy	Cus phonos
2 nd Dose COVID-19	Pfizer FD7218	12 / 2 / 2 / 2 / mm dd yy	WS 6247
other		mn dd yy	
Other		hm dd yy	