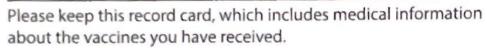
## **COVID-19 Vaccination Record Card**





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

ZAMUDIO	EMILIO		
Last Name	First Name	MI	
10 26 1982 Date of birth			
Date of birth	Patient number (medical reco	Patient number (medical record or IIS record number)	

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	JANSSEN 206AZIA	5 /21 / 21 mm dd yy	WALLWORT 3452
2 <sup>nd</sup> Dose COVID-19		mm dd yy	
Other	MODERNA OOLTZI ZA	1 13/22 mm dd yy	walmart 45684
Other		mm dd yy	