

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.

Last Name **ROSAR ANTON** First Name **ANA PAULA** MI

Date of birth **09/06/1996**

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	JANSSEN Lot Number LOT#1821286	5/7/21 mm dd yy	H-E-B #427 735 S.W MILITARY SAN ANTONIO TX
2 nd Dose COVID-19	EXP 7/23/21	mm / dd / yy	
Other	Moterna 826L21B	12/31/22 mm dd yy	CUS 16749
Other		mm / dd / yy	