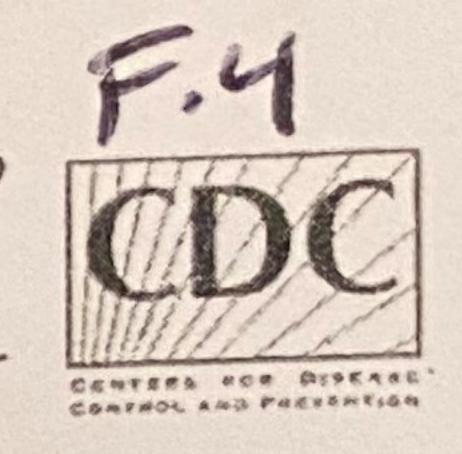
COVID-19 Vaccination Record Card





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.

KAHMATYAL.

First Name

MI

Date of birth

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-	PANZEVE	07/1/21 mm dd yy	Loudoun County Health Department
		Time Given:am pm	Wait Time Recommended: 15 minute 30 minute
2 nd Dos COVID-	DI:	3/17/21 mm dd yy	
	LOT EP7534 FXP 7/2021	Time Given:	Wait Time Recommended: 20 15 minute 30 minute

eturn for a second dose!