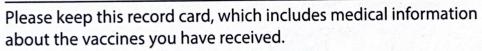
COVID-19 Vaccination Record Card





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

Last Name	3/1982	st Name 31946 tient number (<i>medic</i>	MI cal record or IIS record number)
Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	1675736	4 / 19 y mm dd yy	Fema
2 nd Dose COVID-19	PFIZES ENOIGS	05/10/21 mm dd yy	FEMA
Other		mm dd yy	
Other		//	