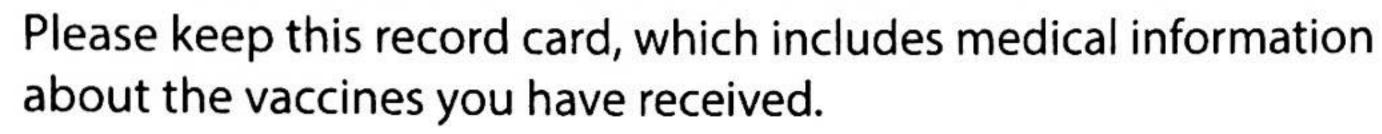
COVID-19 Vaccination Record Card





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

Lansang
Last Name
11/22/97

Hawke First Name

MI

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	1772er 263183	1/21/21/mm dd yy	Rite Aid
2 nd Dose COVID-19	FF2588	10/2/21 mm dd yy	RitcAid
Other		// mm dd yy	
Other		// _mm	