

# COVID-19 Vaccination Record Card

Patient Name: **Tomas Heguy** PID - 03329182

Date of Birth: **5/8/1969** Date: **5/15/2021**  
 Lot #: **204A21A**

Vaccine: **1st Dose COVID-19**

Manufacturer: **Janssen**  
 Location: **FL DOH - Miami Dade**

Provider: **Morgan, T**

Next Appointment: **Cycle Completed**

Date: \_\_\_\_\_ Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19		mm / dd / yy	
2 <sup>nd</sup> Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

