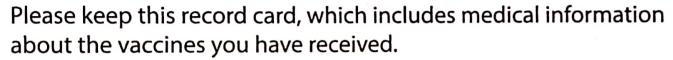
## **COVID-19 Vaccination Record Card**





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

Palaparthi Robi Last Name 05/11/1984 S

Date of birth

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	JANSSEN 2021A	08/03/21 mm dd yy	SPEO KA
2 <sup>nd</sup> Dose COVID-19		// 	ano de de la
Other		mm dd yy	Ne Cuit
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