

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.

Last Name Palaparthi First Name Robin MI S
Date of birth 05/11/1984 Patient number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	<u>JANSSSEN</u> <u>202A21A</u>	<u>08/03/21</u> mm dd yy	<u>Florida Family Practice</u> <u>3450 E Fletcher Ave Suite 100</u> <u>Tampa FL 33613</u>
2 nd Dose COVID-19		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	