

# 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: Allen First Name: Eric  
 Date of birth: 06 Oct 79 Patient number (medical record or record number): 12534170

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	JANSSEN J+J 1805018	03/31/21 mm dd yy	Campbell
2 <sup>nd</sup> Dose COVID-19	Pfizer FH8030	12/15/21 mm dd yy	h
Other		mm/dd/yy	
Other		mm/dd/yy	

