

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 Gonzalez First Name Javier MI

Date of birth 02/19/1999 Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st / CO	Janssen   1805025	<u>3</u> / <u>18</u> / <u>21</u> mm dd yy	HCPH
2 nd / COVID-19		<u> </u> / <u> </u> / <u> </u> mm dd yy	
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	