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.

Landestoy Jose Alberto

Last Name First Name MI

11/15/1964

Date of birth Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Comirnaty COV-19 HN0477	2/16/24 mm dd yy	Walgreens 13084
2nd Dose COVID-19		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	