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.

Galvan Osorio — Last Name
Luisa Fernanda — First Name
MI

4-30-1994 — 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	J & J / 1808986	5/29/21 (mm/dd/yy)	Walmart 2774
2nd Dose COVID-19	Janssen / 2016218	02/22/22 (mm/dd/yy)	Walmart 10538883
Other		___/___/___ (mm/dd/yy)	
Other		___/___/___ (mm/dd/yy)	