

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: Miller First Name: Brittney MI: L

Date of birth: 6/18/1990 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>Janssen</u> <u>201A21A</u>	<u>4/16/21</u> mm dd yy	<u>COLHD</u>
2 nd Dose COVID-19		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	