

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.

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Last Name

First Name

11/25/1962

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Janssen Lot # 1822811	11/19/2021 MCCHD	MCC HD
2 nd Dose COVID-19			
Other		mm / dd / yy	
Other		mm / dd / yy	