

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: Hendrickson First Name: Joel MI: T
 Date of birth: 05-05-1976 Patient number (medical record or IIS record number): 53563499

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Janssen / J&J Lot: 203A21A Kaiser Mt. Talbert	<u>4/10/21</u> mm dd yy	
2 nd Dose COVID-19		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	