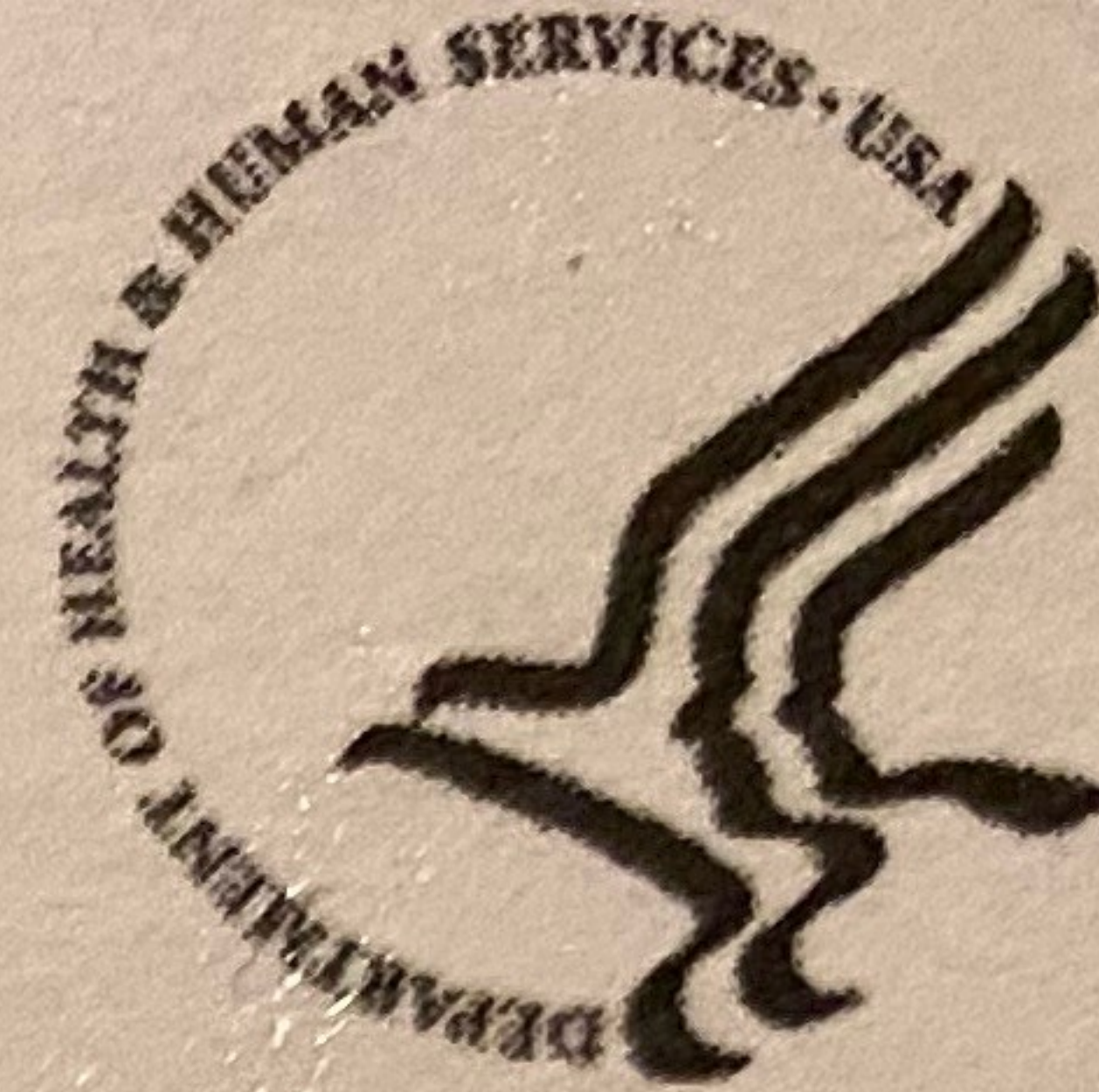


COVID-19 Vaccination Record Card

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.



Jimenez

Last Name

Josh

First Name

MI

12/09/1975

Date of birth

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	Pfizer EW 0179	5 / 5 / 21 mm dd yy	WAG 06307
2 nd Dose COVID-19	Pfizer EW 0168	5 / 26 / 21 mm dd yy	WAG 06307
Other		____ / ____ / ____ mm dd yy	
Other		____ / ____ / ____ mm dd yy	