



Energy Efficiency Specialists™

Company: Hudson Bay Insulation

Name: Nicholas Salvatierra

D.O.B.: 06/14/1980

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 Salvatierra First Name Nicholas MI W
Date of birth 06/14/80 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	<u>Janssen J&J</u> <u>202A 21A</u>	<u>06/11/21</u> mm dd yy	<u>Lakewood</u>
2 nd Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	

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Last Name SALVATIERRA First Name NICHOLAS MI
Date of birth 06-14-80 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		mm dd yy	
2 nd Dose COVID-19	<u>JANSEN J&J</u> <u>1822811</u>	<u>11/30/21</u> mm dd yy	<u>Lakewood</u> <u>WA GURN</u>
Other		mm dd yy	
Other		mm dd yy	