

**COVID-19 VACCINATION RECORD CARD**

Please keep this record card, which includes medical information about the vaccine, you have received.

Por favor, conserve esta tarjeta de registros que incluye información sobre las vacunas que ha recibido.

Mayen Mijangos Lidia  
 First Name  
 3-25-1957  
 Patient Number (medical record or ID number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Provider or Clinic Site
1 <sup>st</sup> Dose COVID-19	Janssen/S&S	4/10/21 mm dd yy	AHAMEC
2 <sup>nd</sup> Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	