

# 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: Hernandez First Name: Alexis

Date of birth: 05/12/74 Patient number (medical record or IIS record number): 3

Vaccine	Product Name/Manufacturer Lot Number	Date mm / dd / yy	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	<u>J&amp;J</u> <u>1808982</u>	<u>APR 10 2021</u> mm / dd / yy	<u>CalOES</u>
2 <sup>nd</sup> Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	