

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: PÉREZ CHAY First Name: JOSE Mi: _____

Date of birth: 01/12/64 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 20SAZ1A</u>	<u>06/01/21</u> mm dd yy	<u>MED ARTS PHARM H. SINGH RPh</u>
2 nd Dose COVID-19		____/____/____ mm dd yy	
Other	<u>J&J 1055191</u>	<u>11/19/21</u> mm dd yy	<u>EVJUNYAT Genetic</u>
Other		____/____/____ mm dd yy	

