

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.



Zamora - Guillen Irma

Y
MI

Last Name

First Name

03/09/1981

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	Moderna 0.5ml 058E21A	09/01/21 mm dd yy	walgreens 11300
2 nd Dose COVID-19	Moderna 045C21A	9/29/21 mm dd yy	Walgreens
Other		mm/dd/yy	
Other		mm/dd/yy	