

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: Johnson First Name: Stephen MI: MI
 Date of birth: 10-26-1989 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 COVID, 019F21A Exp 10/20/2021	<u>10/26/21</u> mm dd yy	<u>WM 2317</u>
2 nd Dose	Moderna COVID Lot 065F21A Exp 2/4/2022	<u>11/9/21</u> mm dd yy	<u>WM 2317</u>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	