HUDSON BAY®
INSULATION

Energy Efficiency Specialists™

**Company:** Hudson Bay Insulation

**Name:** Travis Wenrick

**D.O.B.:** 04/20/1985

# 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.

Wenrick — Last Name

Travis — First Name

MI

4-20-85 — Date of birth

Patient number *(medical record or IIS record number)*

| Vaccine | Product Name/Manufacturer<br>Lot Number | Date | Healthcare Professional or Clinic Site |
|---|---|---|---|
| 1st Dose COVID-19 | Moderna<br>027 B21A | 04/03/21<br>mm dd yy | ABC multicare |
| 2nd Dose COVID-19 | Moderna<br>024C21A | 5/7/21<br>mm dd yy | MHS, ABC |
| Other | | ___/___/___<br>mm dd yy | |
| Other | | ___/___/___<br>mm dd yy | |