

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.

COULTER

SEAN

Last Name

First Name

MI

12/8/1981

Date of birth

Patient number (medical record or IIS record number)

Vaccine Name/Manufacturer	Date	Healthcare Professional or Clinic Site
COVID-19 vaccine, vector-nr, rS-Ad26, PF, 0.5 mL (Janssen - J&J) Lot # 202A21A Exp 12/31/2069	04/12/21 mm dd yy	ARISTO
COVID-19: Moderna Lot:016J21-2A Exp:03/17/2022 0.25ml IM EUA:12/19/2021	01/10/22 mm dd yy	Safeway #1524 1401 NE Mewilliams Rd Bremerton, WA 98311
Other	____/____/____ mm dd yy	