

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.

Jette Last Name Adam First Name MI

4-30-91 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 ModernaTX	9/11/21 mm dd yy	OSCO PHARMACY Cut Bank
	062E21A 01/18/2022		
2 nd Dose COVID-19	Moderna 083J21A 02/11/2022 GCHC		
Other		mm dd yy	
Other		mm dd yy	