

COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information

about the vaccines you have received.

For each vaccine, indicate the date and include information

indicating where the vaccine was received.

Jones, Lee

7/29/1964

Last Name

First Name

MI

Medical record or IIS record number

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st	COVID-19 VACCINE/ ADMIN MODERNA, EXP 7/22/21 DATE LOT 031L20A 02/11/21	___/___/___ mm dd yy	KPHD
2 nd	COVID-19 VACCINE/ ADMIN MODERNA, EXP 8/24/21 DATE LOT 040A21A 03/11/21	___/___/___ n dd yy	KPHD
Other		___/___/___ n dd yy	
Other		___/___/___ mm dd yy	