

# 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 Krahmer First Name Kent MI

Date of birth 7/7/91 Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
Moderna Covid-19 Vaccine 0.5ml LOT: 008B21AEXP: 9/10/21 VIS: EUA 12/2020		<u>3</u> / <u>30</u> / <u>21</u> mm dd yy	<u>Costco 114</u>
Moderna Covid-19 Vaccine 0.5ml LOT: 042B21AEXP: 10/5/21 VIS: EUA 12/2020		<u>4</u> / <u>27</u> / <u>21</u> mm dd yy	<u>Costco 114</u>
		____/____/____ mm dd yy	
		____/____/____ mm dd yy	