

# 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: Lindsey First Name: Ahmed MI: Charles  
 Date of birth: 4.25.1977 Patient number (medical record or IIS record number): \_\_\_\_\_

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	Moderna Covid-19 Vaccine Lot: 076c21a Exp: 11/13/2021 Date Administered: 10.21.2021	____/____/____ dd yy	Sateway
2 <sup>nd</sup> Dose COVID-19		____/____/____ mm dd yy	
Other	MODERNA	11/5/21 mm dd yy	NBHCC/RBCJ
Other	LOT# 005D21A	____/____/____ mm dd yy	