

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: LUCKOVICH First Name: JASON MI: _____
 Date of birth: 9/12/1980 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 039D21A	10 / 13 / 21 mm dd yy	Rite Aid
2 nd Dose COVID-19	Moderna 039F21A	11 / 10 / 21 mm dd yy	Rite Aid
Other		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	