



# 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.

Moreau

Joshua

S

Last Name

First Name

MI

08/19/86

Date of birth

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		04/07/21	OHC 1 VG
	076B21A		mm dd yy	
2 <sup>nd</sup> Dose COVID-19			/ /	
Other	MODERNA	5/4/21	OHC	
	031B21A		dd yy	
Other			/ /	
			mm dd yy	

