

# 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.

Power

Cindy

Last Name

First Name

MI

3/18/69

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	COVID-19 (Moderna) Lot: 028A21A Exp: 07/14/21	4/12/21	HAGGEN CMC GUIRE 757 HAGGEN DR BURLINGTON PHONE: (360)814-1561
2 <sup>nd</sup> Dose COVID-19	Dose # 1 0.5ml		
Otl	COVID-19 (Moderna) Lot: 023C21AA EXP: 06/07/21	5/16/21	HAGGEN CMC GUIRE 757 HAGGEN DR BURLINGTON PHONE: (360)814-1561
Otl	1 Dose # 2		