

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.

Garcia

Last Name

Elliot

First Name

M

MI

12/22/1973

Date of birth

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 mRNA-1273 vaccine 046A21A	3/21/21 mm dd yy	Snoqualmie Casino
2 nd Dose COVID-19	Moderna mRNA-1273 vaccine 026B21A	4/17/21 mm dd yy	Snoqualmie Casino
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	