

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: Domokur Masto First Name: Courtney MI: N
 Date of Birth: 3/28/83 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Moderna Lot #026A21A	3/5/21	BlueRidgeHlth
2 nd Dose COVID-19	Moderna 021B21A	4/2/21 mm dd yy	Blue Ridge Brevard
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	