

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: Ashby First Name: Tom MI: _____

Date of birth: 7-8-67 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	<u>Moderna</u> <u>001B21A</u>	<u>03/10/21</u> <small>mm dd yy</small>	<u>Walgreens 19175</u>
2 nd Dose COVID-19	<u>Moderna</u> <u>037A21B</u>	<u>4/7/21</u> <small>mm dd yy</small>	<u>Walgreens 19175</u>
Other		<u> </u> / <u> </u> / <u> </u> <small>mm dd yy</small>	
Other		<u> </u> / <u> </u> / <u> </u> <small>mm dd yy</small>	