

# 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

**Nelson, Mary** \_\_\_\_\_  
 10/21/1980 \_\_\_\_\_  
 Last Name First Name MI

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 LOT #025B21A	04/01/2021	CRAHD
2 <sup>nd</sup> Dose COVID-19	EXP: 04/29/2021	mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

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Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	MODERNA LOT #014C21A	05/01/2021	CRAHD
2 <sup>nd</sup> Dose COVID-19	EXP: 05/20/2021	mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	