

# 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 Bronkema

First Name Calyn

MI

Date of birth 7/12/1997

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	<u>Moderna</u> <u>039ka1A</u>	<u>3/30/21</u> mm dd yy	<u>US (1407)</u>
2 <sup>nd</sup> Dose COVID-19	<u>Moderna</u> <u>6US B21A</u>	<u>4/27/21</u> mm dd yy	<u>CUS 1407</u>
Other		mm / dd / yy	
Other		mm / dd / yy	