

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.

BATES, James
Last Name First Name

12/13/1965
Date of Birth

Vaccine number _____ Manufacturer _____ Lot number _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Moderna 023M20A	02/20/21 <small>mm ad yy</small>	TCP/SS
2 nd Dose COVID-19	Moderna 002B21A	5/16/21 <small>mm ad yy</small>	TCP/SS
Other	Moderna 061E21A	6/29/21 <small>mm ad yy</small>	CUS KIE
Other		<small>mm ad yy</small>	