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.

Proulx — Camille ♥ — D

Last Name — First Name — MI

3-24-97 — 09294007

Date of birth — Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	MODERNA 003B21A	03/24/21 mm dd yy	KP NAPA
2nd Dose COVID-19	MODERNA 001C21A	04/21/21 mm dd yy	KP-NAPA
Other	Moderna 052D22A	12/14/22 mm dd yy	KP. Napa
Other		___/___/___ mm dd yy	