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.

Suarez — Last Name
Paul — First Name
MI

3·23·1969 — 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 048AZIA	3/5/21 mm dd yy	CVS 9614
2nd Dose COVID-19	moderna 039A21A	4/4/21 mm dd yy	CVS 9614
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	