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.

Hart
Last Name

Bryan
First Name

MI

07/26/84
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 004C21A	4/39/21 mm dd yy	walmart Hamburg 2405
2nd Dose COVID-19	Moderna 054C21A	5/31/21 mm dd yy	walmart 2405
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	