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.

VILLANUEVA MATTHEW L.
Last Name First Name MI

10 / 09 / 2001
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 027B21A	4 / 3 / 21 mm dd yy	NEVHC-SF
2nd Dose COVID-19	MODERNA 007C21A	5 / 1 / 21 mm dd yy	NEVHC-SF
Other		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	