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.

Washington — Last Name
Delana — First Name
MI

7/27/93
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 062M21A	5/10/21 mm dd yy	CVS 9782
2nd Dose COVID-19	Moderna 037A21B	6/7/21 mm dd yy	CVS 9782
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	