## **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 medica sobre la syacunas que ha recibido.

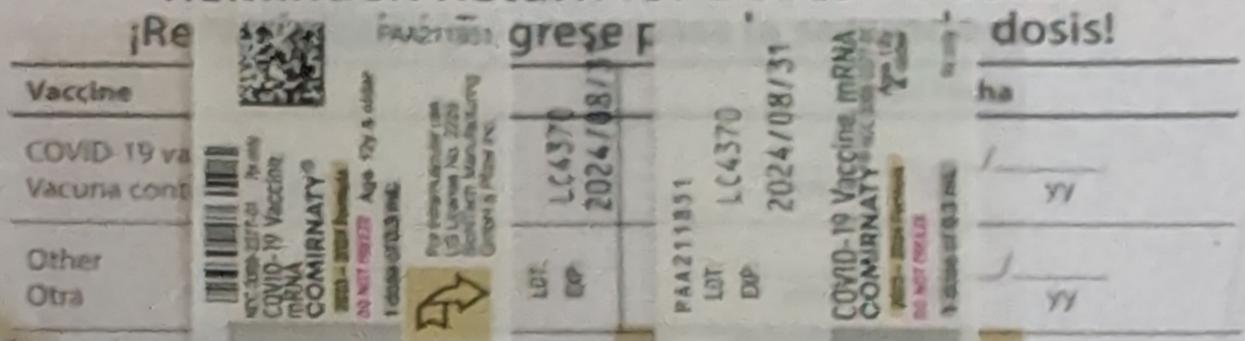
Last Name
Vahiner Juba
1/2/89
First Name

MI

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

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1s Dose COVID-19	moderns	21 18/21 mm dd yy	#R 360100
2 <sup>nd</sup> Dose COVID-19	produna py 4821A	4 15 21 mm dd yy	HR360
Other	Manufacturer: Moderna of #: 066H21A	1,2822 mm dd yy	- DET SFORT
Other		mm dd yy	

## Reminder! Return for a second dose!



Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit cdc.gov/coronavirus/2019-ncov/index.html.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Llève este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite espanol.cdc.gov/coronavirus/2019-ncov/index.html.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.