

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.

Krishnan Athul MI
Last Name First Name
03.25.1991 9901760908
Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Moderna 045B21A	04/20/21 mm dd yy	Break Free Pharmacy
2 nd Dose COVID-19	Moderna 027C21a	05/18/21 mm dd yy	Break Free Pharmacy
Other	Moderna 083A2A	05/06/22 mm dd yy	Break Free Pharmacy
Other		____/____/____ mm dd yy	