

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.



Last Name Heseltan First Name Niel MI
Date of birth 03.29.1971 Patient number (medical record or IIS record number) 9901759596

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Moderna</u> <u>045B21A</u>	<u>04/19/21</u> mm dd yy	<u>Break Free</u> <u>Pharmacy</u>
2 nd Dose COVID-19	<u>Moderna</u> <u>027C1A</u>	<u>05/17/21</u> mm dd yy	<u>Break Free</u> <u>Pharmacy</u>
Other		mm/dd/yy	
Other		mm/dd/yy	