

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

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Moderna 045B21A	04/19/21 mm dd yy	Break Free Pharmacy
2 nd Dose COVID-19	Moderna 027C1A	05/17/21 mm dd yy	Break Free Pharmacy
Booster Other	Moderna 033F20A	11/23/21 mm dd yy	CVS 8827
Other		____/____/____ mm dd yy	