

# 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.



Terrazas

Last Name

Jose

First Name

J  
MI

07/10/1978

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	Moderna 043B21A	04/16/21 mm dd yy	Walmart 1279
2 <sup>nd</sup> Dose COVID-19	Moderna 025C21A	5/16/21 mm dd yy	CVS 9626
COVID-19 Other	Moderna 033H21A	12/19/21 mm dd yy	Walmart 5338
Other		____/____/____ mm dd yy	