

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.



Sankitts

Manuel

Jr.

First Name

MI

Patient number (medical record or IIS record number)

Vaccine/Manufacturer	Date	Healthcare Professional or Clinic Site
Moderna 003021A	5/4/21 mm dd yy	
COVID-19	mm dd yy	
Other	mm dd yy	
Other	mm dd yy	