

# 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.



CENTERS FOR DISEASE  
CONTROL AND PREVENTION

SPLITALUDIC

Last Name

KATÉ

First Name

MI

11/24/1997

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Moderna 011J26A	11/13/21 mm dd yy	TMH
2 <sup>nd</sup> Dose COVID-19	Moderna 029L30A	2/9/21 mm dd yy	TMA

Other

MODERNA  
Lot: 041C21A

30 OCT 2021

RIMRC

Other