

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 Enriquez First Name Davis MI R

Date of birth 9/16/1985 Patient number (medical record or IIS record number) M101319

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Moderna 0772C215	12/01/21 mm dd yy	SMH
2 nd Dose COVID-19	Moderna 067H21A	12/29/21 mm dd yy	SMH
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	