

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		First Name		MI
Date of birth		Patient number (medical record or IIS record number)		
Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site	
S00 . KIM				
	Date: 03/27/2021 loc: 011-381	/		
	Prod: MODERNA COVID-19 VACCINE	yy		
	Mfr: MODERNA Exp: 09/23/2021			
	Lot: 020021A Qty: 0.5ml NDC: 80777-0273-99	/		
COVID-19		mm dd yy		
Other		mm dd yy		
Other		mm dd yy		

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Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site	
	Lot Number			
1 st Dose	S00 . KIM			
COVID-19	Date: 04/24/2021 loc: 011-381	/		
	Prod: MODERNA COVID-19 VACCINE	yy		
	Mfr: MODERNA Exp: 04/24/2022			
	Lot: 001C21A Qty: 0.5ml NDC: 80777-0273-99	/		
2 nd Dose		mm dd yy		
COVID-19		mm dd yy		
Other		mm dd yy		
Other		mm dd yy		