

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: Schuster First Name: Carra MI: MI
 Date of birth: 9.9.76 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Moderna Lot: 030L20A Exp: _____	<u>01/20/21</u> mm dd yy	<u>LMIH</u>
2 nd Dose	Moderna Lot: 016M20A Exp: 05/02/21	<u>2/17/21</u> mm dd yy	<u>LMIH</u>
Other		mm dd yy	