

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: Burbaker First Name: Fay MI: _____

Date of birth: 6-6-44 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	COVID-19 Moderna Date: 02/24/2021 Lot#: <u>024M20A</u>	/__/____ yy	Student Nurse <u>249</u> CSHD
2 nd Dose COVID-19	COVID-19 Moderna Date: 03/24/2021 Lot#: <u>018B21A</u>	/__/____ yy	EMK CSHD
Other		/__/____ yy	
Other		mm/dd/yy	

