

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: Brubaker First Name: Harold MI: _____
 Date of birth: 12-30-1945 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	<u>CSHD Dabusa</u>
2 nd Dose COVID-19	COVID-19 Moderna Date: 03/24/2021 Lot#: <u>018B21A</u>	____/____/____ yy	<u>KCL CSHD</u>
Other		____/____/____ yy	
Other		mm/dd/yy	

