

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: Rangel First Name: Manah MI: Pa

Date of birth: 2/16/1999 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	Moderna 033F21A	11/23/21 mm dd yy	CVS 7277
2 nd Dose COVID-19	moderna 067F21A	12/21/21 mm dd yy	CVS 7277
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	