



Energy Efficiency Specialists™

Company: Hudson Bay Insulation



Name: Mitch Bohn

D.O.B.: 08/22/1962

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.

BOHN **MITCHELL**

Last Name First Name MI

8/22/62

Date of birth 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 Exp 9/10/21 LOT: 008B21A	3/24/21 mm dd yy	Costco Puyallup 253-445-7542 <i>W</i>
2 nd Dose COVID-19	MODERNA Exp 10/5/21 Lot: 042B21A	4/14/21 mm dd yy	Costco Puyallup #660 253-445-7542 KH <i>W</i>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	