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.

CRAIG JOEL D

Last Name First Name MI

6/13/63

Date of birth Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
COVID-19	COVID-19,mRNA,LNP-S,PF 100 mcg/0.5mL dose Moderna LOT:026B21A EXP 12/31/69	3/30/21 mm dd yy	Fircrest
COVID-19	100mcg/0.5mL dose Moderna LOT:002C21A EXP 12/31/69	4/27/21 mm dd yy	Fircrest
COVID-19	COVID-19.mRNA.LNP moderna 50mcg/0.25ml dose lot 078J21A exp 5/18/22	12/14/21 mm dd yy	Fircrest Pharmacy