# 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.

Goe, Michael

Last Name First Name MI

3/22/62

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

| Vaccine | Product Name/Manufacturer<br>Lot Number | Date | Healthcare Professional or Clinic Site |
|---|---|---|---|
| 1st Dose COVID-19 | Moderna<br>023C21A | 4/30/21<br>mm dd yy | Rite Aid<br>05262 |
| 2nd Dose COVID-19 | Moderna<br>050C21A | 5/28/21<br>mm dd yy | Rite Aid<br>05262 |
| Other | | __/__/__<br>mm dd yy | |
| Other | | __/__/__<br>mm dd yy | |