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	First Name	MI
Galvan	Eulalio	A

Date of birth: 11/15/92

Patient number (*medical record or IIS record number*)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Moderna 047C21A	10/2/21 mm dd yy	Walgreens 10478
2nd Dose COVID-19	Moderna 039F21A	11/07/21 mm dd yy	Walgreens 10478
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	