

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.

FREDY TENORIO

Last Name

18/2/89

Date of birth

First Name

MI

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 038B21A	4/29/21 mm dd yy	Rafael AID 5946
2 nd Dose COVID-19	moderna 033C11A	5/27/21 mm dd yy	RA 5446
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	

