

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: RAMON First Name: MARCOS MI: _____
 Date of birth: 2/13/1981 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	<u>Moderna</u> <u>0325021A</u>	<u>11/5/21</u> mm dd yy	<u>ZITEAD</u>
2 nd Dose COVID-19	<u>Moderna</u> <u>0325021A</u>	<u>5/13/21</u> mm dd yy	<u>ZITEAD</u>
Other		mm / dd / yy	
Other		mm / dd / yy	