

# 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.

MacCutcheon

Seth

W

Last Name

First Name

MI

8.10.1976

1232296247

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	Moderna 006C21A	04 / 27 / 21 mm dd yy	USAHC STUTTGART APD AE 09107
2 <sup>nd</sup> Dose COVID-19	MODERNA 026C21A	05 / 25 / 21 mm dd yy	USAHC STUTTGART APD AE 09107
Other		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	