

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
Martin

First Name
Zachary

MI
W

Date of birth
April 22, 1984

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 033831A	03/15/21 mm dd yy	DR. STEPHEN GART
2 nd Dose COVID-19	MODERNA 033831A	04/12/21 mm dd yy	DR. STEPHEN GART
Other		mm dd yy	
Other		mm dd yy	