

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.

Stimpson

Danielle

First Name

Date of birth

Patient number (medical record or ID record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Moderna [Redacted]	4/21 mm yy	[Redacted]
2 nd Dose COVID-19	Moderna [Redacted]	5/21 mm yy	[Redacted]
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	