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	First Name	MI
Lopez Moreno	Camila	

Date of birth: 7/7/98

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Moderna 033C21A	5/19/21 (mm/dd/yy)	Grant 125
2nd Dose COVID-19	Moderna 039C21A	6/7/21 (mm/dd/yy)	Grant 125
Other	Moderna 051F21A	12/12/21 (mm/dd/yy)	Grant
Other		___/___/___ (mm/dd/yy)	