

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.

Shah Last Name Tushar First Name Nandke MI

7-26-1966 Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	COVID-19 Vaccine / Moderna ----- <u>039K20-2A</u>	<u>01 / 08 / 21</u> mm dd yy	Columbus Public Health
2 nd Dose COVID-19	COVID-19 Vaccine / Moderna ----- <u>028L2A</u>	<u>2 / 9 / 21</u> mm dd yy	CPH
Other		<u> / / </u> mm dd yy	
Other		<u> / / </u> mm dd yy	