

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: **BAUNGARTNER** First Name: **INA** MI
 Date of birth: **12/7/42** Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1st Dose COVID-19	Product: Cov-19 (Moderna) Manufacturer: Moderna TX, Inc. Lot # 011A21A exp. 12/31/2069 Site: FDOH Sarasota	2/26/21	SCHD MWHTRN
2nd Dose COVID-19	Product: Cov-19 (Moderna) Manufacturer: Moderna TX, Inc. Lot # 047A21A exp. 9/1/2021 Site: FDOH Sarasota POD	3/26/21	SCHD
Other	Moderna 051F21A	11/11/21	Walgreens 5575

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Last Name: **BAUNGARTNER** First Name: **GARY** MI
 Date of birth: **7/24/45** Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1st Dose COVID-19	Product: Cov-19 (Moderna) Manufacturer: Moderna TX, Inc. Lot # 011A21A exp. 12/31/2069 Site: FDOH Sarasota	2/26/21	SCHD MWHTRN
2nd Dose COVID-19	Product: Cov-19 (Moderna) Manufacturer: Moderna TX, Inc. Lot # 047A21A exp. 9/1/2021 Site: FDOH Sarasota POD	3/26/21	SCHD
Other	Moderna 051F21A	11/11/21	Walgreens 5575

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Last Name: **Baumgartner** First Name: **Ina** MI
 Date of birth: **12-07-1942** Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1st Dose COVID-19		mm dd yy	
2nd Dose COVID-19		mm dd yy	
Other	Moderna 002M21A	04/01/22	Wag 5575
Other		mm dd yy	

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Last Name: **Baumgartner** First Name: **Gary** MI
 Date of birth: **07-24-1945** Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1st Dose COVID-19		mm dd yy	
2nd Dose COVID-19		mm dd yy	
Other	Moderna 002M21A	04/01/22	Wag 5575
Other		mm dd yy	

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Last Name: **Baumgartner** First Name: **Ina** MI
 Date of birth: **12/7/42** Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1st Dose COVID-19	Moderna Booster AS7165B	11/1/22	Walgreens 5575
2nd Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	

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Last Name: **Baumgartner** First Name: **Gary** MI
 Date of birth: **7/24/45** Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1st Dose COVID-19	Moderna Booster AS7165B	11/1/22	Walgreens 5575
2nd Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	