

MiraCosta College (MCC)
Certified Nursing Assistant (CNA) Program
COVID-19 Vaccination

Information to include:

1. Full name
2. Date of birth
3. Date received vaccination
4. Name of manufacturer of vaccination
5. Expiration date of vaccination
6. Name (Ex. Moderna), location (Ex. Right arm) and amount (Ex. 0.5mL) you received vaccination
7. Provider (Ex. CVS, Kaiser) and injection giving person's signature (Ex. Jane, LVN)

If it is your very first time receiving it, you can submit the most recent document with one injection.

If you have received initial two series in 2021 & 2022, it is strongly recommended receiving a booster. (Without booster, your clinical assignment is limited or not accepted depending on the facility update)

Acceptable example below;

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.

Your Last Name
Your First Name

Last Name
First Name

Your Date of Birth
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	PFIZER FE3590	11/01/21 <small>mm dd yy</small>	 Vista Community Clinic Wellness 1000 Vale Terrace Vista, CA 92084 (760) 611-5000
2 nd Dose COVID-19	PFIZER FH 8027	11/22/21 <small>mm dd yy</small>	
Other	PFIZER 24-25 UM 2222	9/3/24 <small>mm dd yy</small>	CVS 9449
Other		<small>mm dd yy</small>	