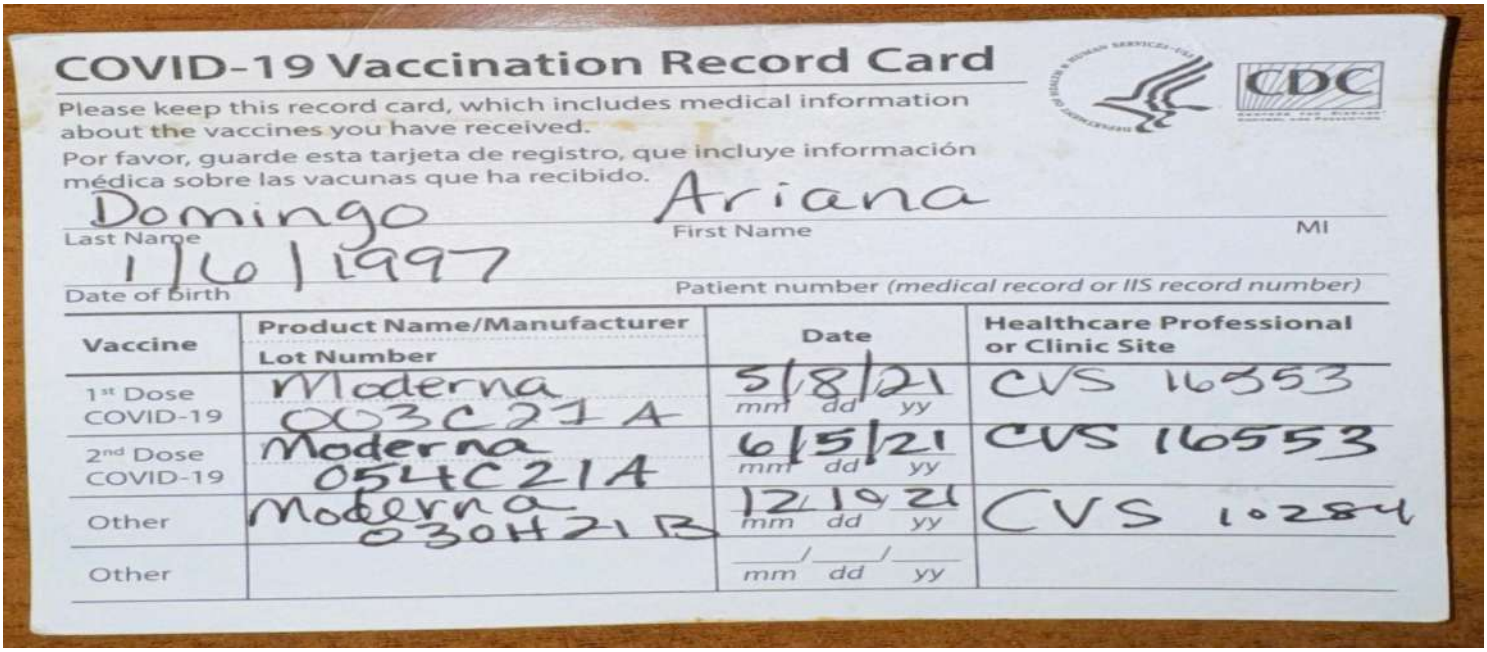

COVID-19 Vaccination Record Card

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.

Domingo — Last Name

Ariana — First Name

MI

1/6/1997 — Date of birth

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 003C21A	5/8/21 mm dd yy	CVS 16553
2nd Dose COVID-19	Moderna 054C21A	6/5/21 mm dd yy	CVS 16553
Other	Moderna 030H21B	12/10/21 mm dd yy	CVS 10284
Other		___/___/___ mm dd yy	