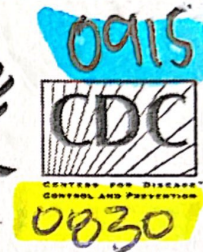


# COVID-19 Vaccination Record Card

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.



Kantarowicz

Last Name

Daniel

First Name

S.

MI

02/09/1991

Date of birth

1252417970

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	MODERNA 086C21A	05/08/21 mm dd yy	CAKU
2 <sup>nd</sup> Dose COVID-19	Moderna 036C21A	06/02/21 mm dd yy	CAKU
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	