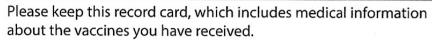
COVID-19 Vaccination Record Card





Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

USS FOURT

Other

Last Name	Fi	rst Name	MI
03 · 2 0 · 1 0 7 1 Date of birth Pa		9901759596 atient number (medical record or IIS record number)	
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	MOGERNA O45BZIA	04/19/21 mm dd yy	Break Free Pharmacy
2 nd Dose COVID-19	Moderna 027CIA	OS/17/71 mm dd yy	Break Free
7000 Y	Moderna	mm dd yy	CVS 8827