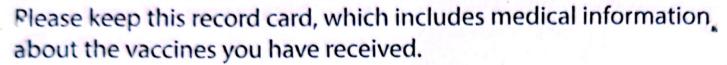
## **COVID-19 Vaccination Record Card**





MI

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

Krishnan	Athul
ast Name	First Name

9901760908

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 045BZIA	04/20/21 mm dd yy	Break Free Pharmacy
2 <sup>nd</sup> Dose COVID-19	027 (21 a	05/18/71 mm dd yy	Break Free J Pharmacy
Other	Moderna 083A2A	05/06/22 mm dd yy	Break Free
Other		mm dd yy	