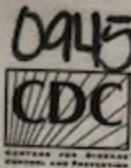


# COVID-19 Vaccination Record Card

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.



Colin Alonso, Monica

Last Name

First Name

MI

03/22/1971

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	MODERNA 0646B21A	04/14/21 mm dd yy	CVFHC
2 <sup>nd</sup> Dose COVID-19	Moderna 004C21A	05/12/21 mm dd yy	FHESD
Other	Sizer Lot # FF 2593	10/22/21 mm dd yy	CVS-058350
Other		____/____/____ mm dd yy	