

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.



PERRY

CHRISTOPHER

Last Name

First Name

MI

01/04/1967

Date of Birth

MODERNA COVID19 VACC VIAL

03/16/2021

Publix Pharmacy # 1079

001B21A

2nd Dose
COVID-19

mm dd yy

Other

mm dd yy

Other

mm dd yy