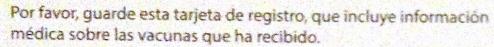
## **COVID-19 Vaccination Record Card**

Please keep this record card, which includes medical information about the vaccines you have received.





PERRY	CHRISTOPHER
Last Name 01/04/1967	First Name M
Date of Birth	
MODERNA COVID19 VACC VIAL 03/1	6/2021 Publix Pharmacy # 1079
2 <sup>nd</sup> Dose COVID-19	mm dd yy
Other	mm dd yy
Other	