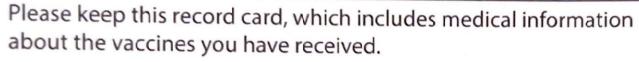
## **COVID-19 Vaccination Record Card**







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

Enriquez	Davis	R
Last Name	First Name	MI
9/16/1985	min 319	
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 07720215	12/01/21 mm dd yy	SMH
2 <sup>nd</sup> Dose COVID-19	Moderna 067H21A	12/29/21 mm dd yy	SMH
Other		mm dd yy	
Other		mm dd yy	