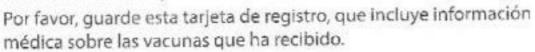
COVID-19 Vaccination Record Card

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



Other





Last Name	Fir	st Name	MI
Date of birth	h Pa	tient number (med	dical record or IIS record number)
Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
- soo .	KIM Date: 03/27/2021 loc:	011-381 /	
- Mfr:M	MODERNA COVID-19 VAC MODERNA Exp: 09/2	CINE yy 3/2021 3-99 / mm dd yy	
Other		mm dd yy	-
Other		mm dd yy	-
about the v		edical information	Service on the service of the servic
Por favor, g	raccines you have received. uarde esta tarjeta de registro, que i ore las vacunas que ha recibido.		Activity of the second
Por favor, g	raccines you have received. uarde esta tarjeta de registro, que i ore las vacunas que ha recibido.		Arrest Arrest on the control of
Por favor, gi médica sob	vaccines you have received. uarde esta tarjeta de registro, que i pre las vacunas que ha recibido. Fir	ncluye informaci	ón
Por favor, gr médica sob Last Name	vaccines you have received. uarde esta tarjeta de registro, que i pre las vacunas que ha recibido. Fir	ncluye informaci	ón MI
Por favor, gr médica sob Last Name Date of birth	Product Name/Manufacturer Lot Number SOO . KIM Date: 94/24/2 Prod : MODERNA COVID-	ncluye informaci st Name tient number (med Date Date VACCINE : 04/24/20	on MI dical record or IIS record number) Healthcare Professional or Clinic Site
Por favor, gr médica sob Last Name Date of birth Vaccine	Product Name/Manufacturer Lot Number SOO . KIM Pata: 04/24/2 Prod: MODERNA COVID- Mfr: MODERNA EXP Mfr: MODERNA EXP	ncluye informaci st Name tient number (med Date Date VACCINE : 04/24/20	on MI dical record or IIS record number) Healthcare Professional or Clinic Site