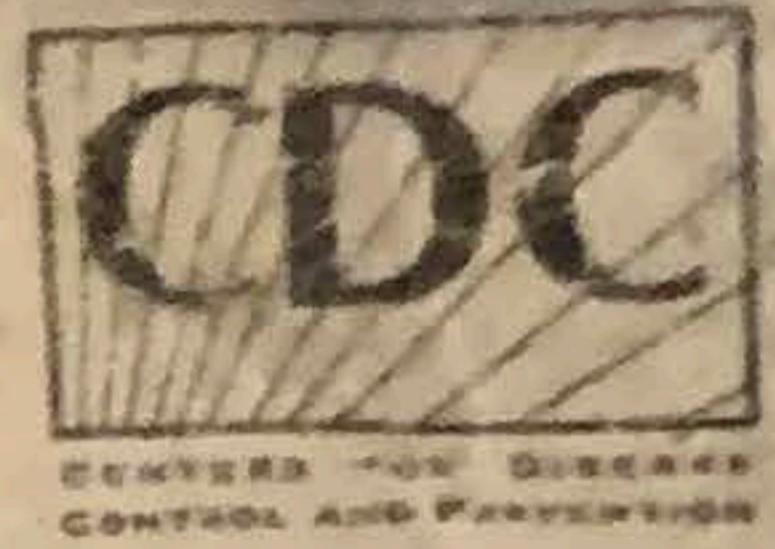
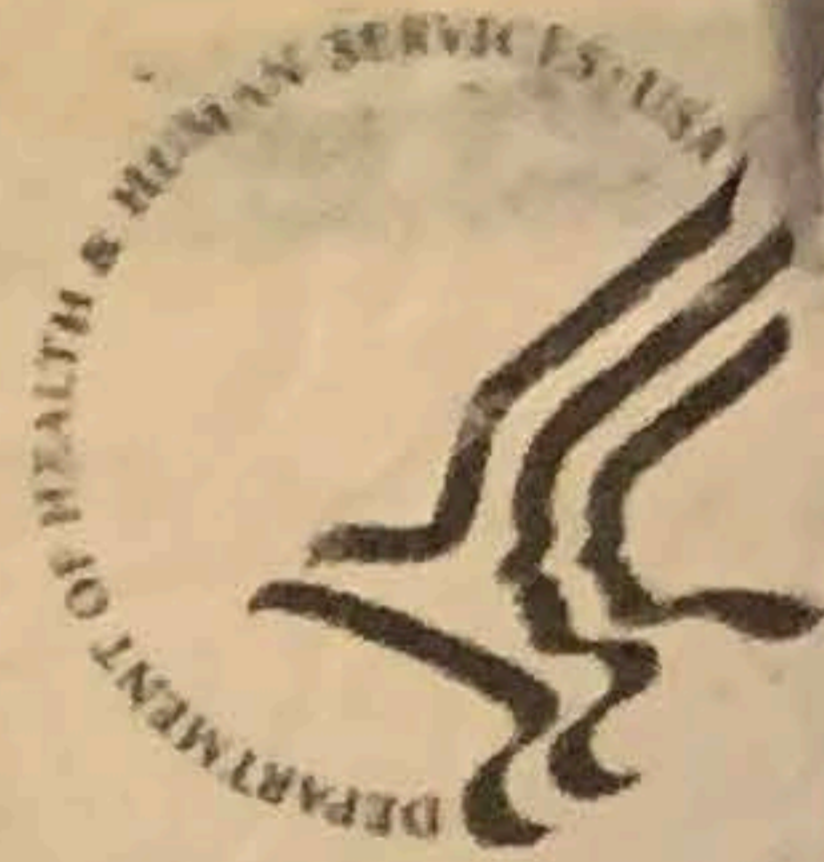


COVID-19 Vaccination Record Card



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.

Luevano

Mario

MI

Last Name

First Name

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Moderna 014E21A	9 / 29 / 21 mm dd yy	RA5172
2 nd Dose COVID-19	MODERNA 939904	10 / 27 / 21 mm dd yy	RA5172
Other		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	