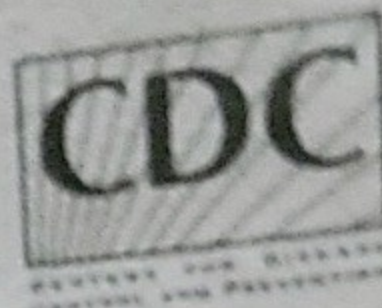
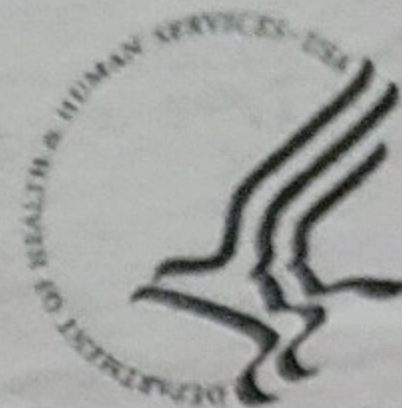


COVID-19 Vaccination Record Card



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.

Last Name
Galvan

First Name
Eulalio

A
MI

Date of birth
11/15/92

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Moderna 047C21A	10/2/21 mm dd yy	Walgreens 10478
2 nd Dose COVID-19	Moderna 039F21A	11/07/21 mm dd yy	Walgreens 10478
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	