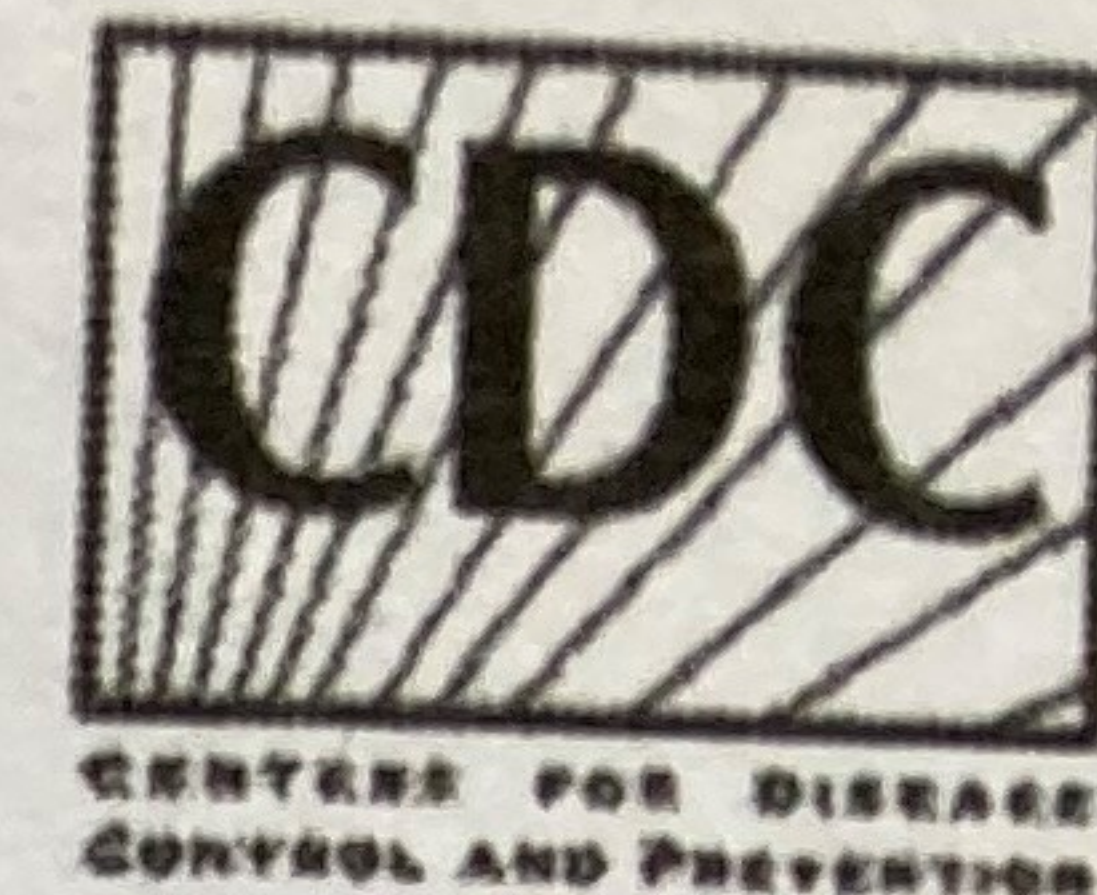


# COVID-19 Vaccination Record Card



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.

**Olson, Aaron**

Last Name

First Name

MI

**3-23-91**

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 Co19 vac 09/25/21 0.5 ML for IM LT:038B21A	<u>4</u> / <u>17</u> / <u>21</u> mm dd yy	SRH
2 <sup>nd</sup> Dose COVID-19	Moderna C19vac10/19/21 0.5 ML for IM LT:017c21a	<u>5</u> / <u>15</u> / <u>21</u> mm dd yy	SRH
Other		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	