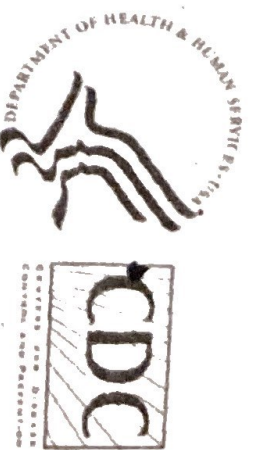


COVID-19 Vaccination Record Card



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.

TOLAR

ERIN

M

Last Name

First Name

MI

1511511994

Date of birth

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 013M204 7131121	2/5/21 mm dd yy	The Pharmacy AT Wellington
2 nd Dose COVID-19	Moderna 025A21A 81212	3/5/21 mm dd yy	TPW
Other		mm dd yy	
Other		mm dd yy	