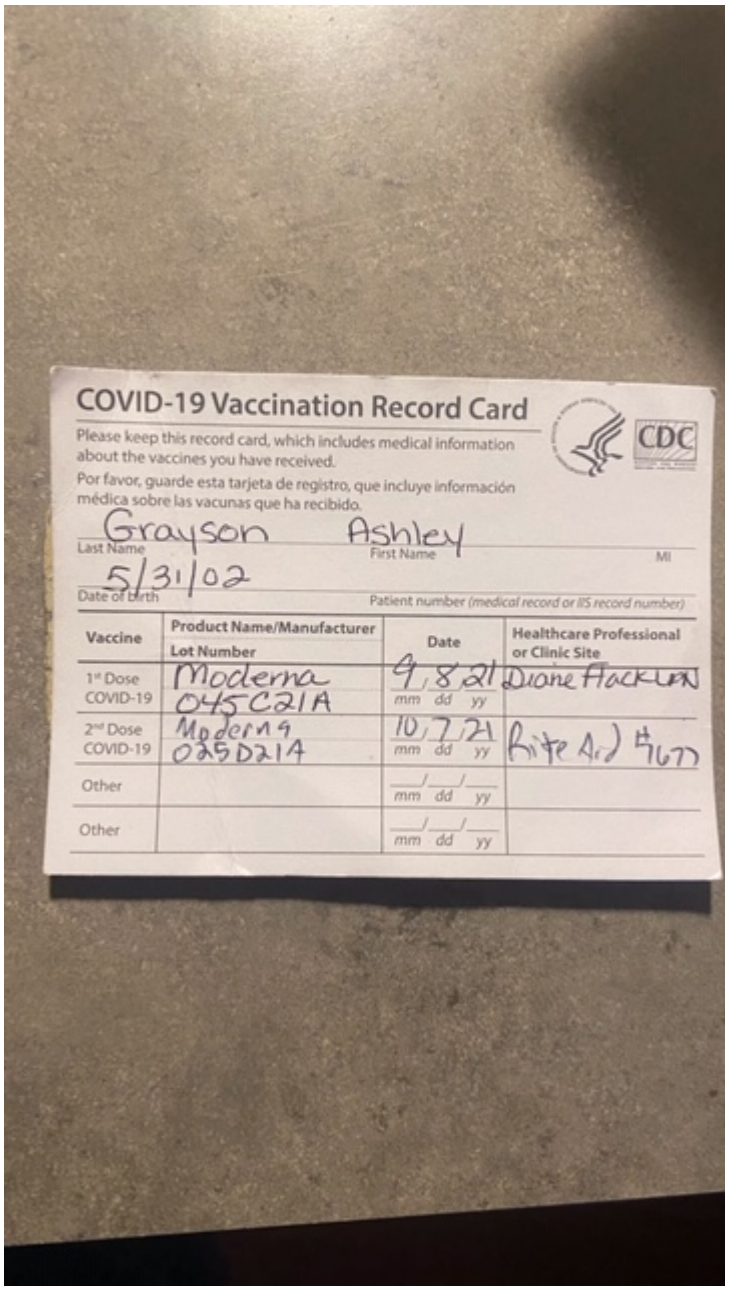

COVID-19 Vaccination Record Card

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.

Grayson (Last Name) Ashley (First Name) (MI)

5/31/02 (Date of birth)

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Moderna 045C21A	9/8/21 mm dd yy	Diane Hacklan
2nd Dose COVID-19	Moderna 025D21A	10/7/21 mm dd yy	Rite Aid #1677
Other		__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	