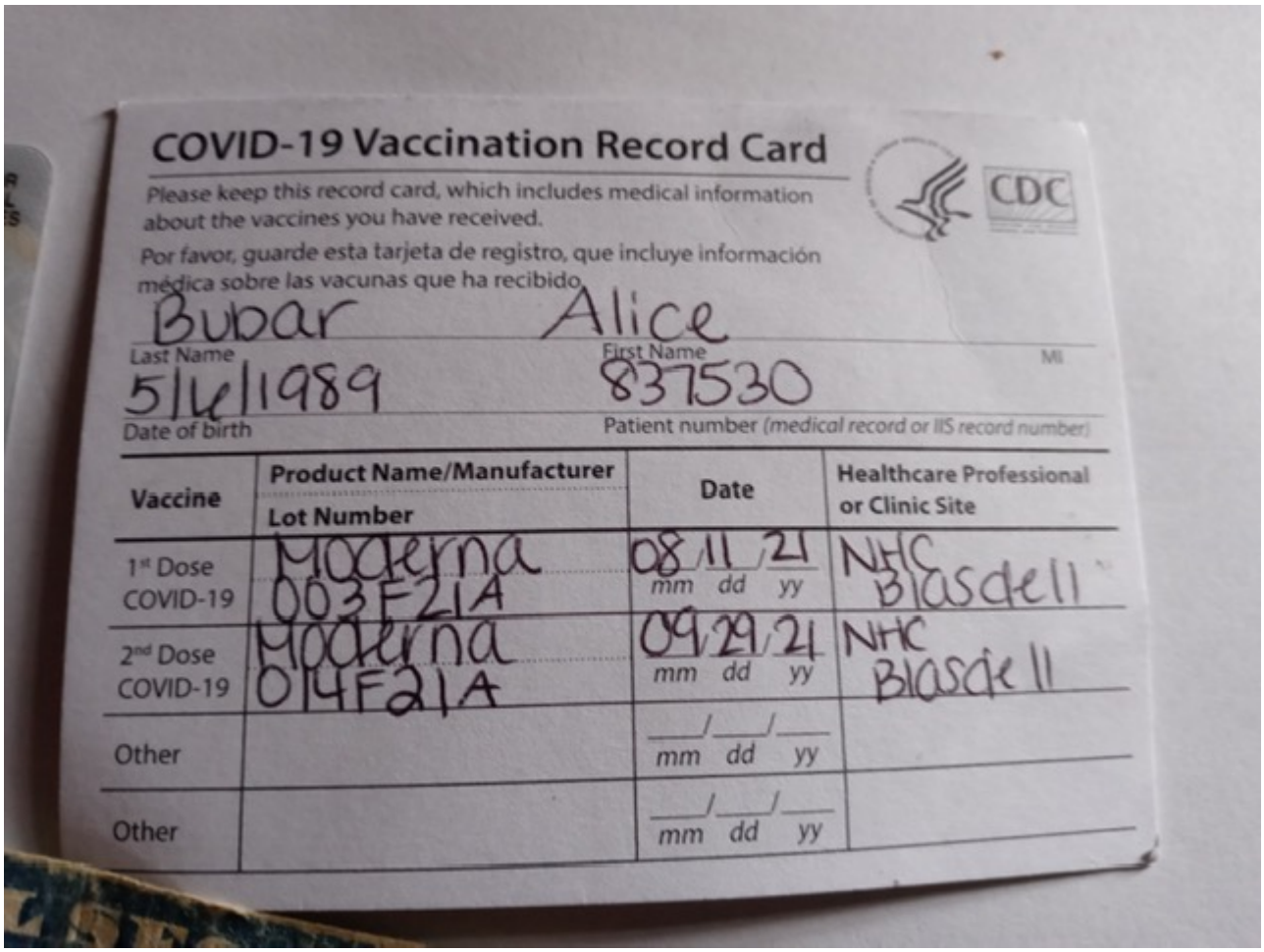

COVID-19 Vaccination Record Card

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.

CDC

Bubar — Last Name
Alice — First Name
MI

5/4/1989 — Date of birth
837530 — 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 003F21A	08/11/21 mm dd yy	NHC Blasdell
2nd Dose COVID-19	Moderna 014F21A	09/29/21 mm dd yy	NHC Blasdell
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	