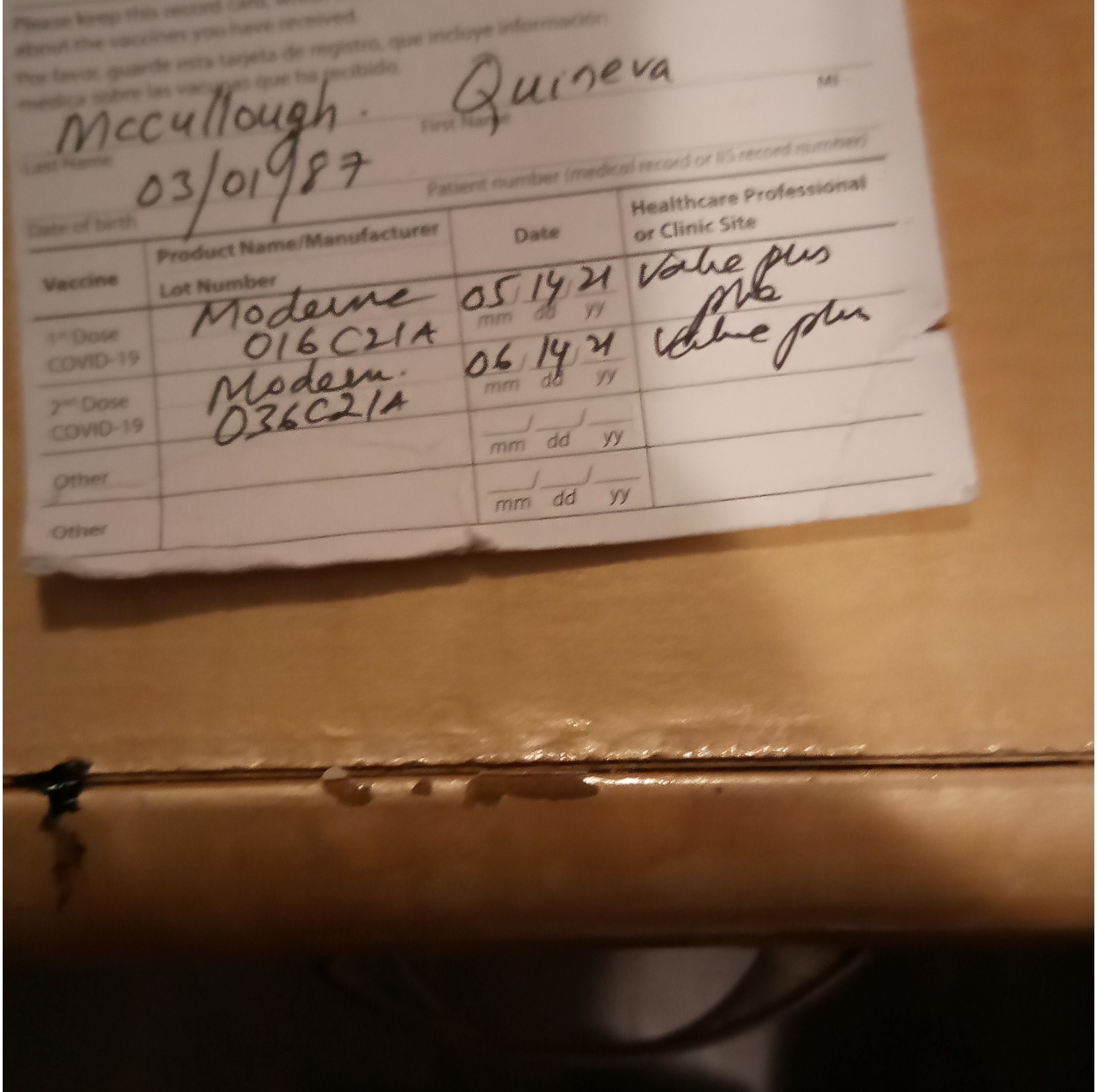

Please keep this record card.
About the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información
médica sobre las vacunas que ha recibido.

Last Name: Mccullough · First Name: Quineva · MI:

Date of birth: 03/01/87 · 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 016C21A	05/14/21 mm dd yy	Value plus
2nd Dose COVID-19	Moderna 036C21A	06/14/21 mm dd yy	Value plus
Other		mm dd yy	
Other		mm dd yy	