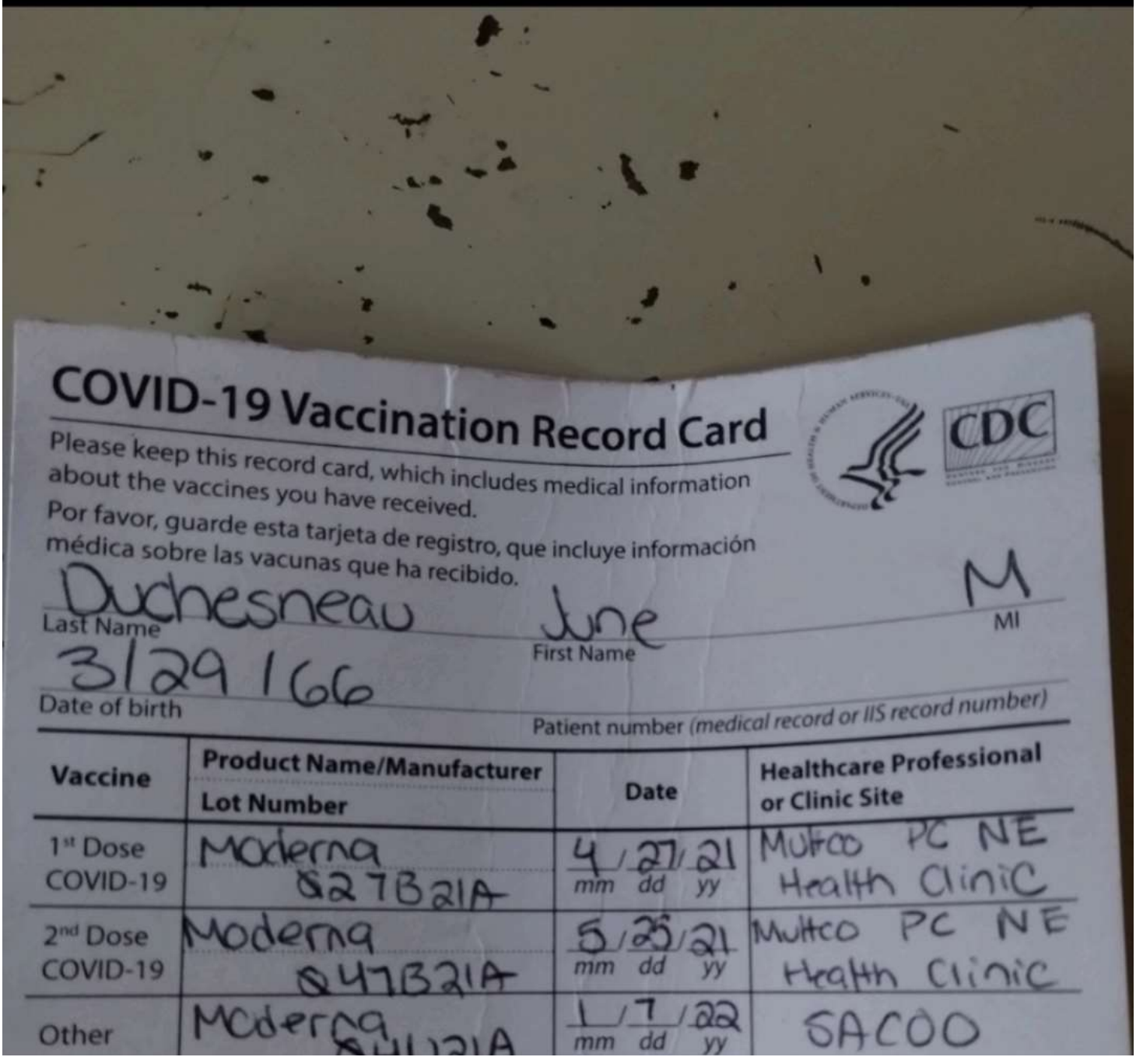


COVID-19 Vaccination Record Card

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

Duchesneau — Last Name

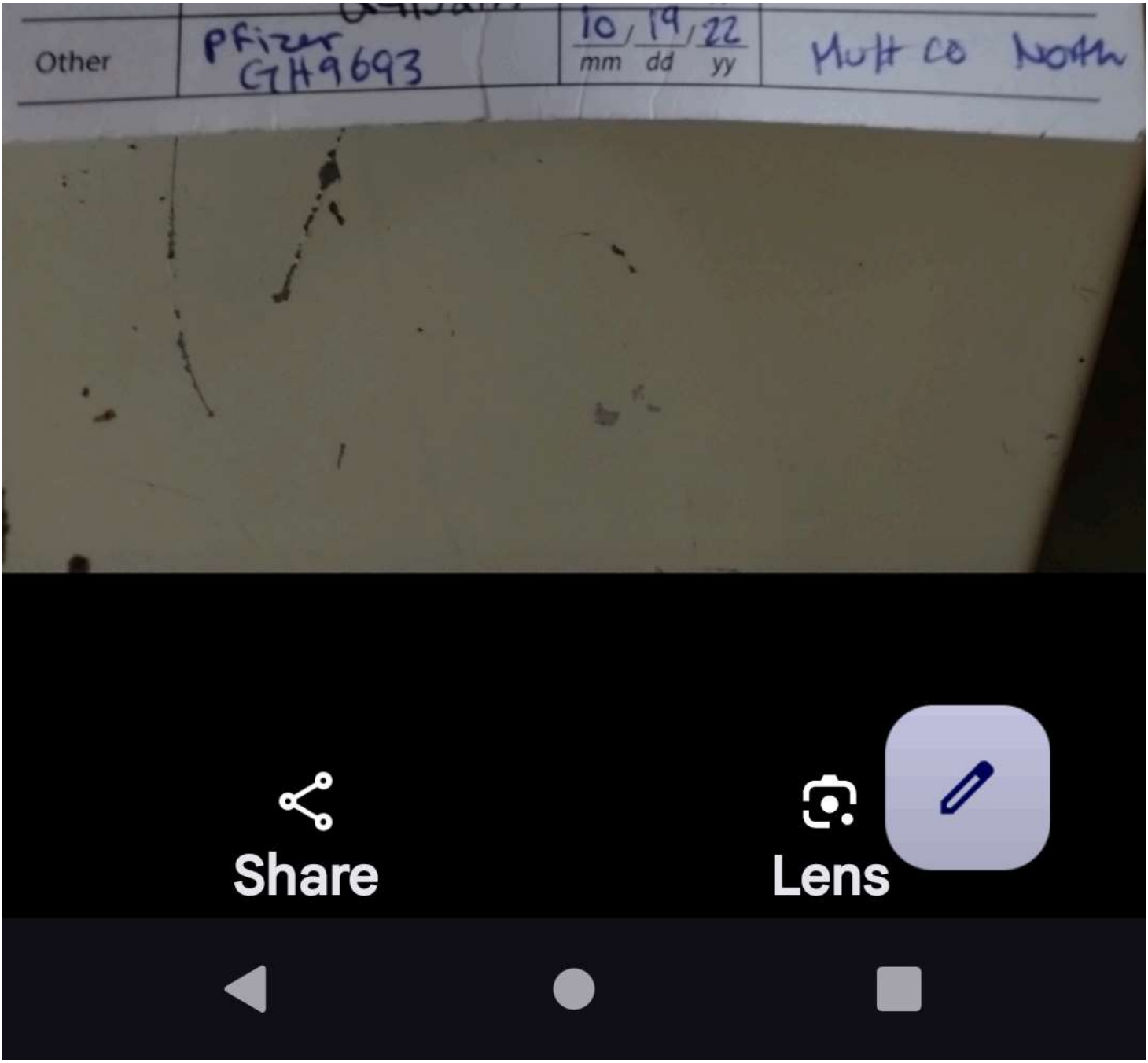
June — First Name

M — MI

3/29/66 — 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 027B21A	4/27/21 mm dd yy	Multco PC NE Health Clinic
2nd Dose COVID-19	Moderna 047B21A	5/25/21 mm dd yy	Multco PC NE Health Clinic
Other	Moderna [illegible]	1/7/22 mm dd yy	SACOO


Other
Pfizer GH9693
10/19/22
mm dd yy
Mult Co North
Share
Lens