

# Certificate of COVID-19 Vaccination

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This is to certify that [REDACTED], date of birth [REDACTED], has on the date indicated been vaccinated against COVID-19.

Vaccination History:

VAMS ID: VAMS-1 [REDACTED]

<b>Date Administered</b>	<b>Product</b>	<b>Manufacturer</b>	<b>Lot Number</b>	<b>Clinic</b>
1/28/2021	Moderna COVID-19 Vaccine	Moderna US, Inc.	012 [REDACTED]	Huggins Hospital
2/25/2021	Moderna COVID-19 Vaccine	Moderna US, Inc.	010 [REDACTED]	Huggins Hospital