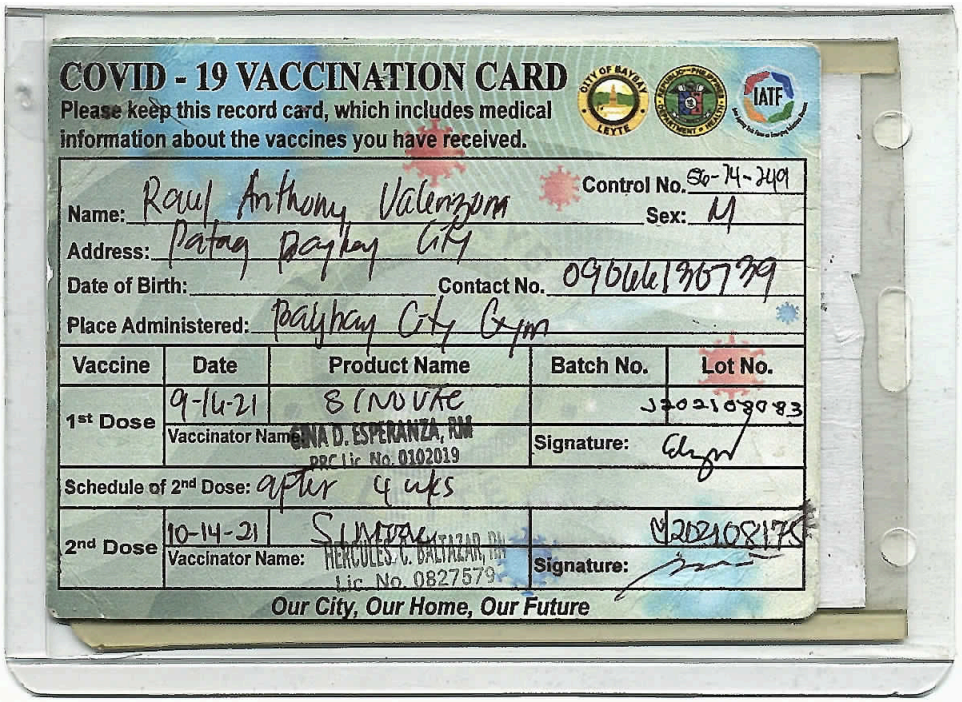

# COVID - 19 VACCINATION CARD

Please keep this record card, which includes medical information about the vaccines you have received.

Name: Raul Anthony Valenzona  Control No. 20-14-249

Address: Patag Baybay City  Sex: M

Date of Birth: _____  Contact No. 09066136739

Place Administered: Baybay City Gym

| Vaccine | Date | Product Name | Batch No. | Lot No. |
|---|---|---|---|---|
| 1st Dose | 9-16-21 | SINOVAC | | J202108083 |
| | Vaccinator Name: GINA D. ESPERANZA, RM PRC Lic. No. 0102019 | | Signature: | |
| Schedule of 2nd Dose: after 4 wks | | | | |
| 2nd Dose | 10-14-21 | SINOVAC | | J202108176 |
| | Vaccinator Name: HERCULES C. BALTAZAR, RN Lic. No. 0827579 | | Signature: | |

Our City, Our Home, Our Future