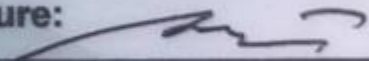
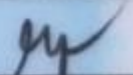


COVID - 19 VACCINATION CARD

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



Name: Chinelo M. Cardaño Control No. 20-090WDA-008
Sex: F
Address: Brgy. Guadalupe Baybay City
Date of Birth: 12-10-94 Contact No. 09359797124
Place Administered: Gaas Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-1-21	SYNOVAC		J202108082
	Vaccinator Name: HERCULES C. BALTAZAR, RN Lic. No. 0827579		Signature: 	
Schedule of 2nd Dose: After 4 weeks				
2nd Dose	10-6-21	sinovac		J202108095
	Vaccinator Name: Erlina F. Bulacan, RM-BCHS		Signature: 	

Our City, Our Home, Our Future

120 / 80 mm Hg

26

3:12

Go- 100 / 70

1:34