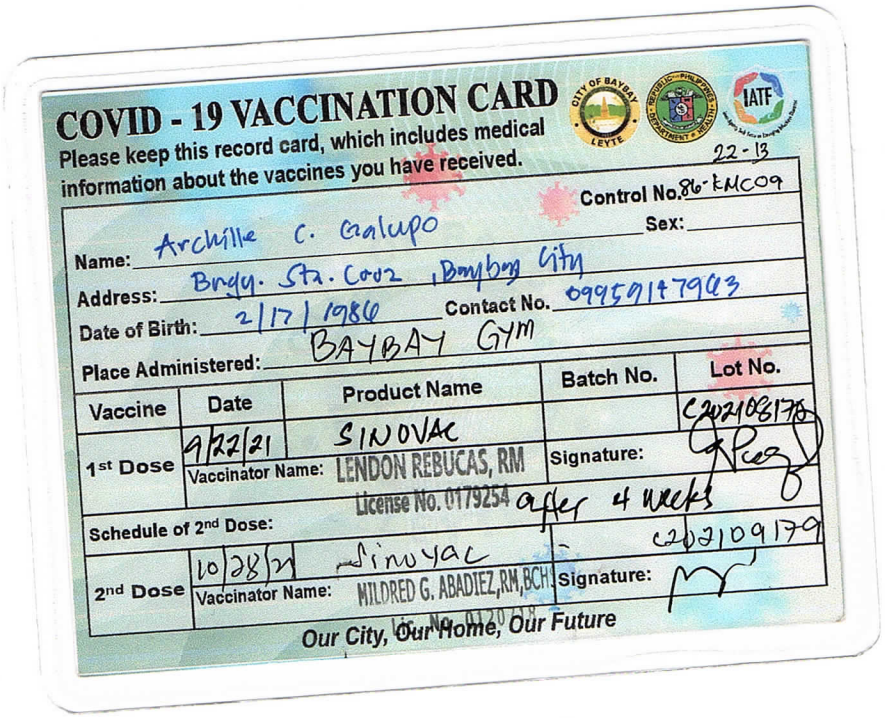

COVID - 19 VACCINATION CARD

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

22-13

Control No. 86-KMC09

Name: Archille C. Galupo Sex:

Address: Brgy. Sta. Cruz, Baybay City

Date of Birth: 2/17/1986 Contact No. 09959147943

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/22/21	SINOVAC		C202108178

Vaccinator Name: LENDON REBUCAS, RM Signature:

License No. 0179254

Schedule of 2nd Dose: after 4 weeks

2nd Dose	10/28/21	sinovac		C202109179

Vaccinator Name: MILDRED G. ABADIEZ, RM, BCH Signature:

Lic. No. 0130[illegible]

Our City, Our Home, Our Future