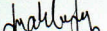


COVID - 19 VACCINATION CARD

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



Name: ARNEL P. GUCELA Control No. 50-175-645
Sex: M
Address: DRY. PATAG, BAYBAY CITY, WYD
Date of Birth: 07/10/1980 Contact No. 09096818016
Place Administered: BAYBAY CITY

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	7/21/21	SINO VAC		C20210817
Vaccinator Name: Mydie M. Martinez, RN Lic. No. 00336603			Signature:	
Schedule of 2 nd Dose: AFTER 4 WEEKS				
2 nd Dose	10/21/21	SINO VAC		C20210817
Vaccinator Name: GINA D. ESPERANZA RN			Signature:	

Our City, Our Home, Our Future