lease keep	this record	CCINATION CAL card, which includes medic	RD ((ATF)	
nformation	about the v	accines you have received.	Control	10. mg/6	
Name:	DAVID	CATIVO	S	ex: [V]	
Address:	Bruy.	GY, GUADALUAE, BAYBAY OLY			
Date of Bir	- na	1994 Contact N	0. 09053	191765	
Place Adm		MO YAMAR		*	
Vaccine	Date	Product Name	Batch No.	Lot No.	
1 st Dose	01-7-21	SINDVAC		12021 05188	
	Vaccinator Na	IME: LENDON REBUCAS, RM	Signature: (g Rocal	
Schedule o	f 2 nd Dose:	License No. 0179254		1 03	
2 nd Dose	10-6-21	GINS INOVATE		12021 0800	
	Vaccinator Na	ame: Lic. No. 0102015	Signature:	any	
		Our City, Our Home, Our	Future	U	