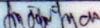


# COVID - 19 VACCINATION CARD

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



Name: ARLIN B FLANDEZ Control No. 79-502-2133  
Sex: F  
Address: Zone 23, Baybay  
Date of Birth: 4-30-1962 Contact No. \_\_\_\_\_  
Place Administered: CID Baybay

| Vaccine                                         | Date                               | Product Name | Batch No.                                                                                      | Lot No.    |
|-------------------------------------------------|------------------------------------|--------------|------------------------------------------------------------------------------------------------|------------|
| 1 <sup>st</sup> Dose                            | 7-6-21                             | SINOVAC      | 0202105006                                                                                     |            |
|                                                 | Vaccinator Name:<br>ROSELYN BAIROC |              | Signature:  |            |
| Schedule of 2 <sup>nd</sup> Dose: 4 weeks after |                                    |              |                                                                                                |            |
| 2 <sup>nd</sup> Dose                            | 9-5-2021                           | SINOVAC      |                                                                                                | L202106036 |
|                                                 | Vaccinator Name:<br>Mydie Martinez |              | Signature:  |            |

Our City. Our Home. Our Future