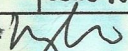


COVID - 19 VACCINATION CARD

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



Name: FRANZ JOSEPH B. NAYRE Sex: M Control No. 20-61-2148
Address: PORT GUADALUPE BAYBAY CITY, LIT
Date of Birth: 04/08/1995 Contact No. 0948 113 7033
Place Administered: BAYBAY CITY

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/22/21	SINOVAC		COVID1970
Vaccinator Name:		HERCULES C. BALTAZAR, RN Lic. No. 0827579	Signature: 	
Schedule of 2nd Dose: AFTER 4-WEEKS				
2nd Dose	10-28-21	SINOVAC		CO02109179
Vaccinator Name:		MR. VISSIA G. CANO, RM, BCHS Lic. No. 0034258	Signature: 	

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Pop. 131/78

ZG

10:30

11:21