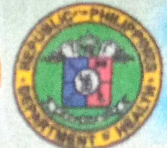


COVID - 19 VACCINATION CARD

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



Name: IDA BLANZ L. ORAPA Control No. 7A 708-296
Sex: Female
Address: ZONE 18, BAYDAY
Date of Birth: 01-12-1985 Contact No. 0938 0074048
Place Administered: BAYDAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVAC		C20210876
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 0034258		Signature: Mayer	
Schedule of 2nd Dose: after 14 days				
2nd Dose	10-28-21	SINOVAC 1		C202109179
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 0034258		Signature: hyle	

Our City, Our Home, Our Future