Please keep	this record	CCINATION CA card, which includes medi raccines you have received.	cal 💛 🌘	TATE OF THE PROPERTY OF THE PR
Name: Lows Prado Control No. Sex: M  Address: VS U Baybay City luyte  Date of Birth: 06 16 73 Contact No. 09 12 16 0 6 294  Place Administered: Baybay Gity Gym				
Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	9/22/21 Vaccinator N	Mydie M. Ma Mies, RN Lic. No. 0693083	Signature:	matting you
Schedule o	f 2 <sup>nd</sup> Dose:	After 4 week	is	1 11
2 <sup>nd</sup> Dose	Vaccinator N	n - Sinovac ame: MILDRED G. ABADIEZ,RM,BC	Signature:	02109179
		Our City, Our Home, Our	Future	U