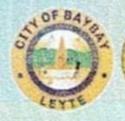
COVID - 19 VACCINATION CARD

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







Name:	CHARLIV	100 S. TOR	ontrol No. 90-	224-999 ex: m
STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. TO SHAPE OF THE OWNER, THE OWN		DAIBAY 41		
Date of Birth: 9-6-1992 Contact No. 09190668 626				
Place Administered: BALIBA-1 GYM				
Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	2-2-2022	MODERNA		OSAKUA
	ROXANNE MAIA F. CORPUZ, RN PRC Lic. No. 0838277		Signature:	46