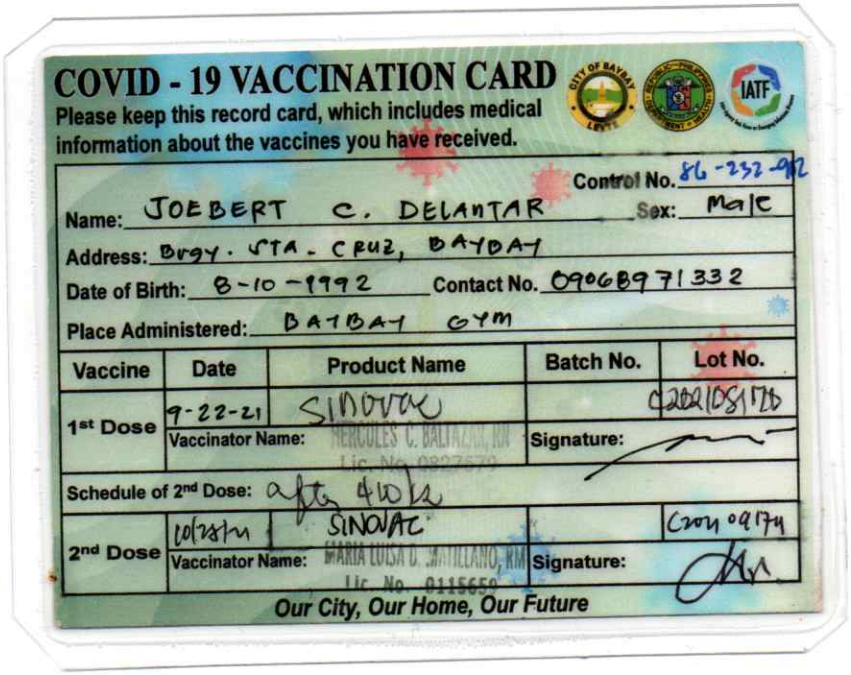

COVID - 19 VACCINATION CARD

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

Control No. 86-232-92

Name: JOEBERT C. DELANTAR Sex: Male

Address: Brgy. STA. CRUZ, BAYBAY

Date of Birth: 8-10-1992 Contact No. 0906B971332

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVAC		C202105176
	Vaccinator Name: HERCULES C. BALTAZAR, RN Lic. No. 0823679		Signature:	
Schedule of 2nd Dose: after 4 wks				
2nd Dose	10/23/21	SINOVAC		C202109174
	Vaccinator Name: MARIA LUISA D. [illegible]TILLANO, RN Lic. No. 0115650		Signature:	

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