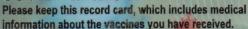
COVID - 19 VACCINATION CARD





		DE DIDAL omifacio St. Rayba	Control N	No. 67 0969-1969 ex: Male
Date of Birth: 02-23-1990 Contact No. 091501292TO				
Place Administered:				
Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/9/4	Pfiren		FLOSON
	Vaccinator Name: Jaica Joy R. Bacalso RM, BSM		Signature:	
Schedule of 2 nd Dose: Lic. No. 0177213				
2 nd Dose	9/3421	Prince		FF8274
	Vaccinator N	ame: Jaica Joy R. Bacalso RM, BSM	Signature:	m!
		Our City Our Home Our	Euturo	