

COVID - 19 VACCINATION CARD

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

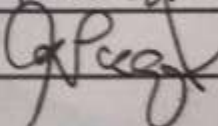
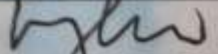


Name: JOVIE MARIEL DEGORIO Control No. 20-KMC0922-04 Sex: Female

Address: Bar. Guadalupe

Date of Birth: 09-12-1995 Contact No. 09121599010

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	9-22-21	SINOVAC		C02108170
	Vaccinator Name: LONDON REBUCAS, RN License No. 0179254		Signature: 	
Schedule of 2 nd Dose: AFTRC 4 WEEKS				
2 nd Dose	10-28-21	SINOVAC		C02109119
	Vaccinator Name: VICTOR B. CRATO, RN, DHS Lic. No. 0034258		Signature: 	

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