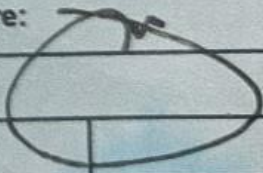


# COVID - 19 VACCINATION CARD

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



Name: Jomari Joseph Barrera Control No. 74-194-818  
Sex: M  
Address: Zone 23 Baybay City  
Date of Birth: 2-04-93 Contact No. 09700684500  
Place Administered: Baybay City

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	11-23-21	Astrazeneca		CTMAV546
	Vaccinator Name: <u>MAULA T. HOYUMPA, RM, BSM</u> Lic. No. <u>0171324</u>		Signature: 	
Schedule of 2 <sup>nd</sup> Dose: <u>After 4-12 weeks</u>				
2 <sup>nd</sup> Dose				
	Vaccinator Name:		Signature:	

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