COVID - 19 VACCINATION CARD
Please keep this record card, which includes medical



nformation	about the	vaccines you have receive	ed.	
		***	Control No. 20 -	1058-4795
Name: N	IARCO I	CABRAS	Sı	ex: M
		LUPE BAYBAY C	ITY LEYTE	
Date of Bir Place Adm	rth: <u>03</u> ninistered:_	- 20-1985 Contact PANGASUGAN GA	t No. <u>0920 Nr</u> fm	46725
Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	2-10-22	MODERNA		037 Gr14
	Vaccinator N	Lic. No. 0142026	Signature:	7
		0 0'4 0 U U		