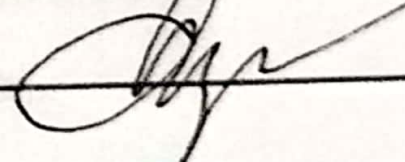


COVID - 19 VACCINATION CARD

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



Name: WILMA V. NAPIERE Control No. 20-931-9104
Address: PRGY GUADALUPE BAYBAY OTM Sex: F
Date of Birth: 7/21/66 Contact No. 0935-963322
Place Administered: CHS BAYBAY

Place Administered: _____				
Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	7/29/21	JANSSEN		212121A
	Vaccinator Name: DARLENE MAY GALVEZ, RN, RM		Signature: 	
Schedule of 2nd Dose:				
2nd Dose				
	Vaccinator Name:		Signature:	

Our City, Our Home, Our Future