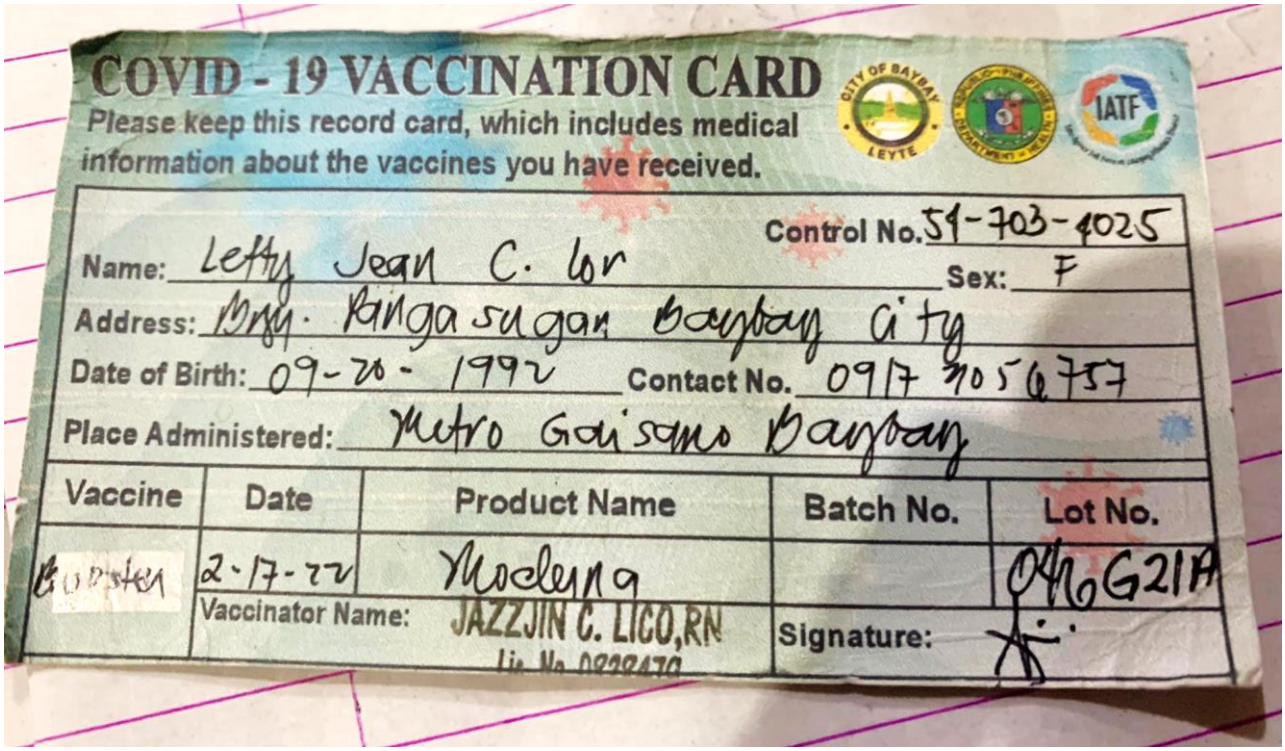

COVID - 19 VACCINATION CARD

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

Control No. 51-703-4025

Name: Lefty Jean C. Lor Sex: F

Address: Brgy. Bangasugan Baybay City

Date of Birth: 09-20-1992 Contact No. 0917 705 6757

Place Administered: Metro Gaisano Baybay

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Booster	2-17-22	Moderna		044G21A
	Vaccinator Name:	JAZZJIN C. LICO, RN Lic. No. 0228470	Signature:	