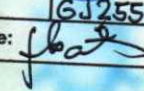


COVID - 19 VACCINATION CARD

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



Name: Remenita J. Solis Control No. 54-20-1076
 Address: VSU Raybay City Sex: Female
 Date of Birth: 9-17-1961 Contact No. 09953989128
 Place Administered: CHO RAY BAY

Vaccine	Date	Product Name	Batch No.	Lot No.
2ND 1st Dose BOOSTER	9-23-22	PFIZER		PCA0046
Schedule of 2nd Dose:		Vaccinator Name: <u>JAZZJIN C. LICO, RN</u> Lic. No. <u>0828479</u>	Signature: 	
3RD 2nd Dose BOOSTER	8-10-23	PFIZER BIVALENT		GJ2554
		Vaccinator Name: <u>FLORIAN M. BARIT, RM, MPM</u> PRC LIC. NO. <u>0055400</u>	Signature: 	

Our City, Our Home, Our Future