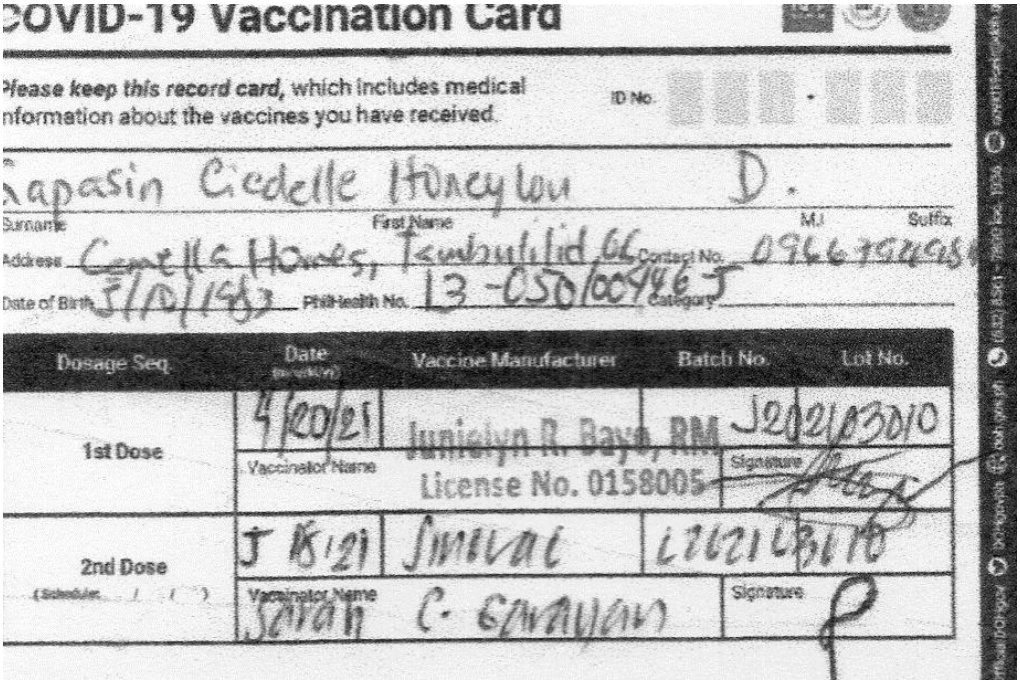


COVID-19 Vaccination Card

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

ID No.

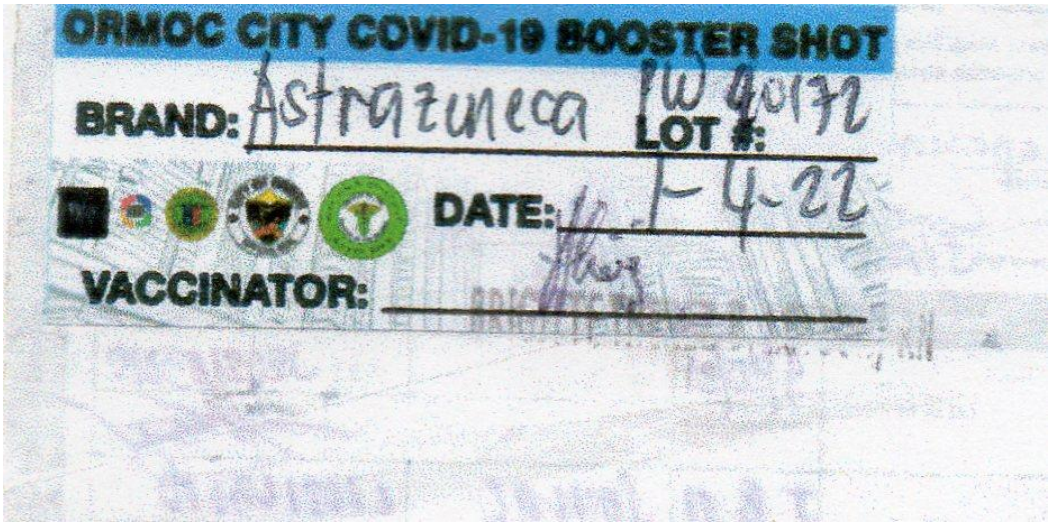
Kapasin Cicelle Honeylou D.

Surname First Name M.I Suffix

Address Camella Homes, Tambulilid 66 Contact No. 0966754[illegible]

Date of Birth 5/10/1993 PhilHealth No. 13-C501004463 Category

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	4/20/21	Junielyn R. Baya, RM License No. 0158005		J202103010
	Vaccinator Name		Signature	
2nd Dose (Schedule / /)	5/15/21	Sinovac	C202103110	
	Vaccinator Name Sarah C. Gavayan		Signature	



ORMOC CITY COVID-19 BOOSTER SHOT

BRAND: Astrazeneca LOT #: IW 40172

DATE: 10-4-22

VACCINATOR: