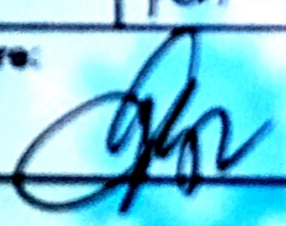


COVID - 19 VACCINATION CARD

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



Name: MARIA AURORA TERESITA TABADA Sex: F
Address: VCU, BAYAN
Date of Birth: 05-18-1962 Contact No. 09177174514
Place Administered: FLARIDEL GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
2nd Booster Shot	07.08.22	PFIZER		PCA 00416
Vaccinator Name: <u>JOSE MARY P. CALVEZ, RN, MN</u> LIC. NO. 0208115 LIC. NO. 0157715			Signature: 	

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