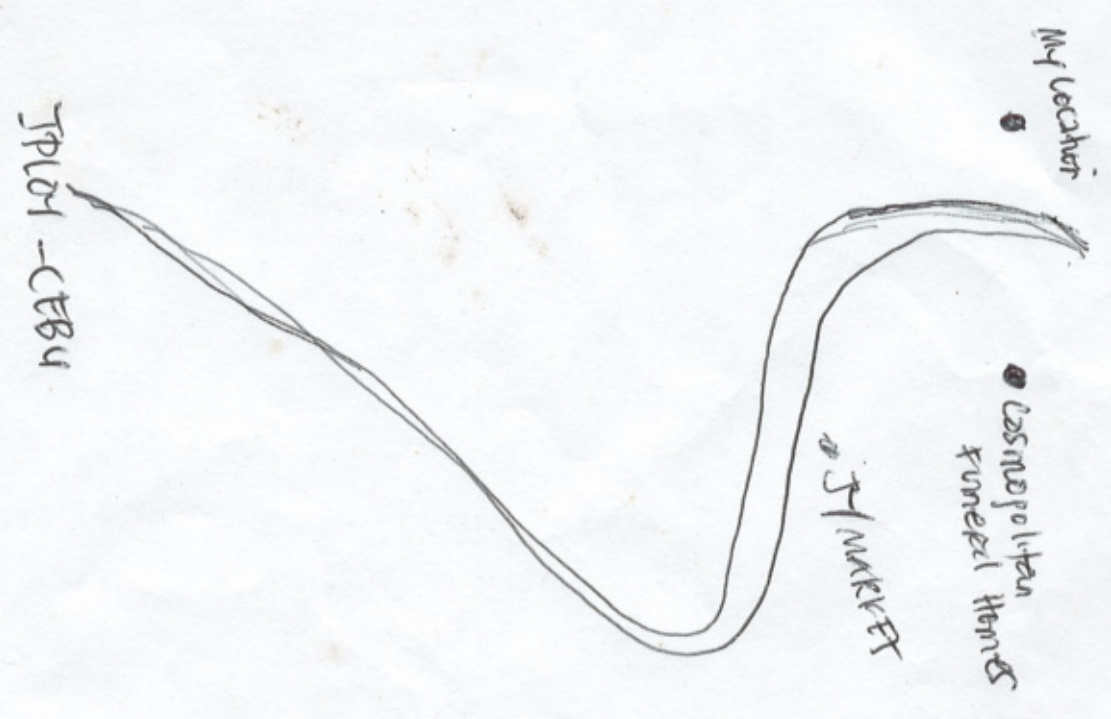


SKETCH CANADOG ST, LAHUG, CEBU, CEBU CITY)



COVID-19 Vaccination Card

1. Name: _____

2. Date of Birth: _____

3. Sex: _____

4. Address: _____

5. Contact Number: _____

6. Vaccination Status: _____

7. Date of Vaccination: _____

8. Signature: _____

9. Date: _____

10. Health Officer: _____