

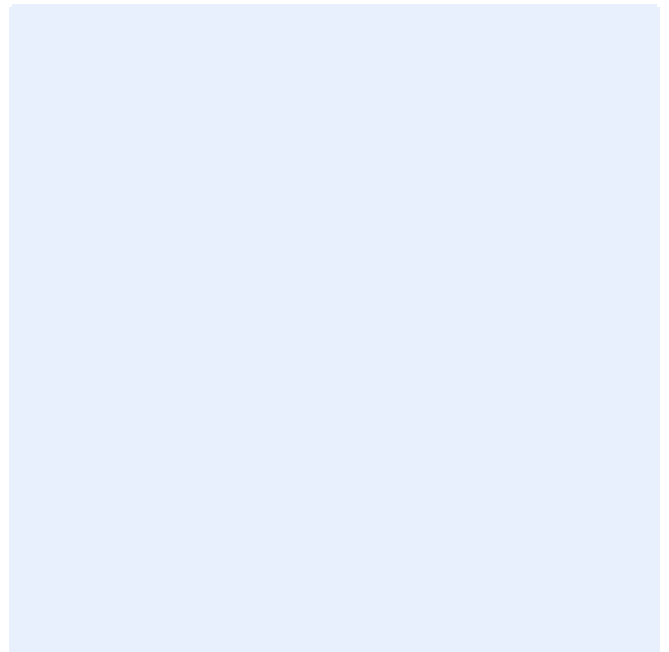
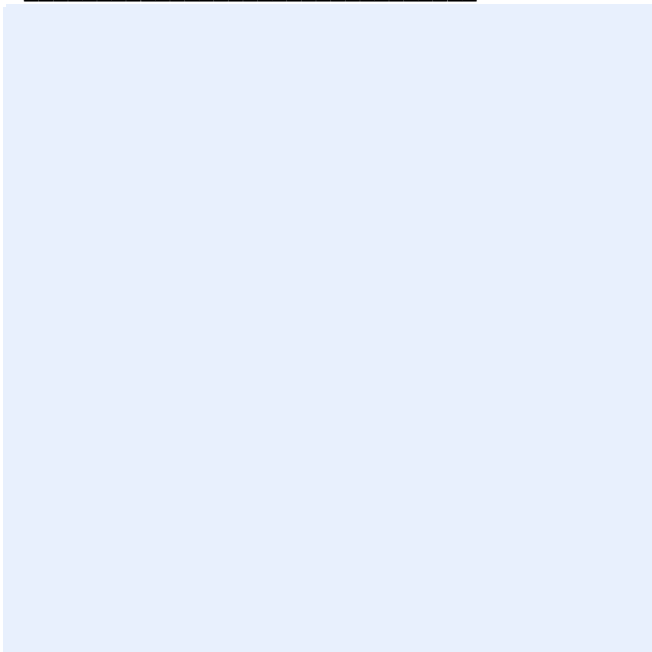
# Our Vaccination Story

Sincerely,

Name: \_\_\_\_\_

City: \_\_\_\_\_

Date: \_\_\_\_\_



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