COVID - 19 VACCINATION CARD

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

Control No. 18-012UDA-001

Name: ROCHELLE C. OLANA Sex: F

Address: BRGY. GABAS BAYBAY CITY LEYTE

Date of Birth: 06-29-1993 Contact No. 09253418131

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	01-21-22	SINOVAC		0202102161
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS License No. 0034238		Signature:	
Schedule of 2nd Dose: AFTER 4 WEEKS				
2nd Dose	2-8-22	SINOVAC		C2021 C2021 05161
	Vaccinator Name: JAZZJIN C. LICO, RN. Lic. No. 0312479		Signature:	

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