## COVID - 19 VACCINATION CARD

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



information about the vaccines you have received.				9-092PL
Name: G	aroline	Control	Control NoOOK Sex: Female	
Address: Zone 13 City of Baybay , Leyte				
Date of Birth: 04-64-1984 Contact No. 09196516518				
Place Administered: MAYIBAY GYM				
Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/22/21	SINDUAL		C302108170
	Vaccinator Na	LENDON REBUCAS, RM	Signature: 4	Necz )
Schedule of 2 <sup>nd</sup> Dose: License No. 0179254				
2 <sup>nd</sup> Dose	10 28 21	4 WHS SINDA		0202108/6/
	Vaccinator Na	ame: JENA D. ESPERANZA,RM,	Signature:	any
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