COVID - 19 VACCINATION CARD

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

14-1491-G262

Control No. _____

Name: HANNAH RISSAH F. ABAD Sex: Female

Address: BRGY. CARIDAD, BAYBAY

Date of Birth: APRIL 7, 1986 Contact No. 09213579690

Place Administered: BAYBAY CITY GYMNASIUM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVAC		C202108170
	Vaccinator Name: HERCULES C. BALTAZAR, RN Lic. No. 0827579		Signature:	
Schedule of 2nd Dose: after 4 wks				
2nd Dose	10-28-21	SINOVAC		C202109179
	Vaccinator Name: MILDRED G. ABADIEZ, RM, RC		Signature:	

Our City, Our Home, Our Future