

COVID - 19 VACCINATION CARD

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



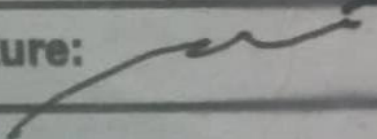
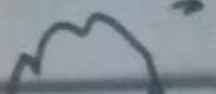
14-1441-0262

Name: HANNAH RIGSAH F. ABAD Sex: FEMALE Control No. _____

Address: Brgy. CARIDAD, BAYBAY

Date of Birth: APRIL 7, 1986 Contact No. 09213574690

Place Administered: BAYBAY CIT-1 GYMNASIUM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	9-22-21	SINOVAC		C2021081670
	Vaccinator Name: HERCULES C. BALTAZAR, RN LIC. NO. 0827579		Signature: 	
Schedule of 2 nd Dose: after 4 wks				
2 nd Dose	10-28-21	SINOVAC		C202109179
	Vaccinator Name: MILDRED G. ABADIEZ, RN, PC		Signature: 	

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