COVID - 19 VACCINATION CARD

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

Control No. 50-175-645

Name: ARNEL P. GUCELA Sex: M

Address: BRGY. PATAG, BAYBAY CITY, LEYTE

Date of Birth: 07/10/1980 Contact No. 09096818016

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/22/21	SINOVAC		C202108177
	Vaccinator Name: Mydie M. Martinez, RN Lic. No. 0000000		Signature:	
Schedule of 2nd Dose: AFTER 4 WEEKS				
2nd Dose	10/28/21	SINOVAC		C202109179
	Vaccinator Name: GINA D. ESPERANZA, RM Lic. No.		Signature:	

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