

COVID - 19 VACCINATION CARD

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



Name: <u>JIMBO S. POSAS</u>		Control No. <u>47-119-461</u>	
Sex: <u>M</u>			
Address: <u>BRGY. MARLOS, BAYBAY CITY, LOYAL</u>			
Date of Birth: <u>07/21/1994</u>		Contact No. <u>09068651880</u>	
Place Administered: <u>BAYBAY GYM</u>			
Vaccine	Date	Product Name	Batch No. Lot No.
1st Dose	<u>9/22/21</u>	<u>SINOVAC</u>	<u>C2D2108170</u>
Vaccinator Name: <u>HERCULES C. BALTAZAR, RN</u>		Signature: <u>[Signature]</u>	
Lic. No. <u>0827579</u>			
Schedule of 2nd Dose: <u>AFTER 4 WEEKS</u>			
2nd Dose	<u>10/28/21</u>	<u>SINOVAC</u>	<u>C2010541</u>
Vaccinator Name: <u>MARIA LUISA D. MATILLANO, RN</u>		Signature: <u>[Signature]</u>	
Lic. No. <u>0115659</u>			

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Front

Pop- 146/79

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8:49

A4

11:24 AM

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