

# COVID - 19 VACCINATION CARD

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



Name: GUADA FE D. AMIHAN Control No. 26-8982-208  
 Address: San Roque Baybay City Sex: Female  
 Date of Birth: 12/13/82 Contact No. \_\_\_\_\_  
 Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	<u>9-22-21</u>	<u>Sinovac</u>		<u>C202108</u>
Vaccinator Name:		<u>Mildred M. Abadiez, RN</u> Lic. No. 0693083	Signature:	<u>[Signature]</u>
Schedule of 2 <sup>nd</sup> Dose: <u>after 4wks.</u>				
2 <sup>nd</sup> Dose	<u>10/29/21</u>	<u>Sinovac</u>		<u>C202109179</u>
Vaccinator Name:		<u>MILDRED G. ABADIEZ, RN, RPH</u>	Signature:	<u>[Signature]</u>

Our City, Our Home, Our Future

38

120/50

38

12.8

5.42

14