

COVID - 19 VACCINATION CARD

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



6990-980

Control No. _____

Name: SANDRA C. TIU Sex: F

Address: ZONE 7 BAYBAY CITY

Date of Birth: 09-30-1961 Contact No. 09275331914

Place Administered: BAYBAY CHO

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	7/26/21	Sanaven		212C214
Vaccinator Name: MARION G. URBONA			Signature: 	