

COVID - 19 VACCINATION CARD

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



Control No. 38-6122047

Name: LELANIE GULANE Sex: F

Address: BLK. KULIM, BAYBAY CITY 1570

Date of Birth: 11/18/1990 Contact No. 09519049539

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	9/22/21	SINOVAC		C00408170
Vaccinator Name: ROSIELYN B. BANOC RM, BSM			Signature:	<i>[Signature]</i>
Schedule of 2 nd Dose: <u>AFTER 4 WEEKS</u>				
2 nd Dose	10-28-21	SINOVAC		C202108161
Vaccinator Name: <u>MISSA G. CANO, RM, BCHS</u>			Signature:	<i>[Signature]</i>

Our City, Our Home, Our Future