COVID - 19 VACCINATION CARD

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

Control No. 54-0916-F1002

Name: Alcober, Ed Allan L. Sex: M

Address: VSU. City of Baybay

Date of Birth: 05-21-1979 Contact No. 09483696506

Place Administered: City of Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-16-21	SINOVAC		120210808 3
	Vaccinator Name: EVA S. NUNEZ, RM, BSM Lic. No. 0071370		Signature:	
Schedule of 2nd Dose: AFTER 4 WEEKS				
2nd Dose	10/15/21	Sinovac		C2021081
	Vaccinator Name: MILDRED G. ABADIEZ, RN, DCHS		Signature:	

Our City, Our Home, Our Future