

COVID - 19 VACCINATION CARD

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



Name: <u>Jean Rosemarie A. Banton</u>		Control No. <u>65-142-599</u>		
Address: <u>Zone 9 Baybay City, Leyte</u>		Sex: <u>Female</u>		
Date of Birth: <u>11-10-84</u>		Contact No. <u>09167159780</u>		
Place Administered: <u>CTO Baybay</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>9-2-21</u>	<u>SINOVAC</u>	<u>J202108082</u>	
Vaccinator Name: <u>ERIC CHRISTIAN M. CHU</u>		Signature: <u>[Signature]</u>		
Schedule of 2 nd Dose: <u>AFTER 4 WEEKS</u>				
2 nd Dose	<u>10-6-21</u>	<u>SINOVAC</u>		<u>J202108095</u>
Vaccinator Name: <u>FREDERICO G. ADARILIZ, RM, BCHS</u>		Signature: <u>[Signature]</u>		

Our City, Our Home, Our Future