COVID - 19 VACCINATION CARD

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

Name: Jesibel L. Muertigue Control No. 79-801-3026 Sex: F

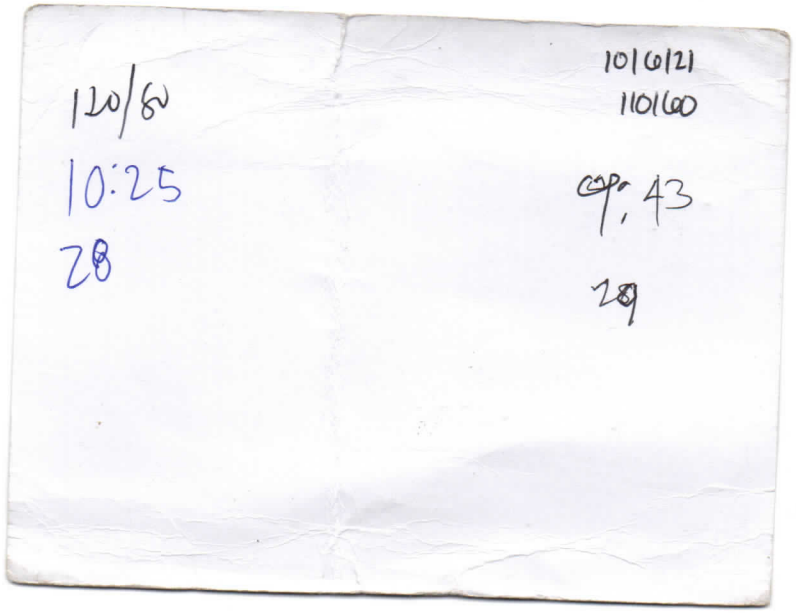
Address: Z-24 Bayboy City

Date of Birth: 10-04-92 Contact No. 09169108769

Place Administered: Bayboy Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-02-21	SINOVAC		J202108052
	Vaccinator Name: Jaica Joy R. Bacalso RM, BSM		Signature:	
	Lic. No. 0177213			
Schedule of 2nd Dose:				
2nd Dose	10-6-21	SINOVAC		J202108095
	Vaccinator Name: Mae P. Bagarinao RM, BSM		Signature:	

Our City, Our Home, Our Future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10/6/21
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29