

COVID - 19 VACCINATION CARD

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



Control No. 20-567-2362

Name: Jonna Grace V. DEGENION Sex: Female
Address: Brgy. Guadalupe, Baybay City, Leyte
Date of Birth: 12-03-1976 Contact No. _____
Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	1-22-21	CINOVAC		C202108170
Vaccinator Name:		Mydie M. Martinez, RN	Signature:	
Schedule of 2 nd Dose:		L.C. No. 0693033 AFTER 4 WEEKS		
2 nd Dose	10/28/21	CINOVAC		C202109179
Vaccinator Name:		MARIA LOISA D. MATILLANO, RM L.C. No. 0115659	Signature:	

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