COVID - 19 VACCINATION CARD

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

Name: ARLIN B FLANDEZ **Control No.** 79-502-2133

Address: ZONE 23, Baybay **Sex:** F

Date of Birth: 4-30-1962 **Contact No.**

Place Administered: CHO Baybay

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	7-6-21	SINOVAC	0202105006	
	Vaccinator Name: ROSTELYN BAÑOC		Signature:	
Schedule of 2nd Dose: 4 weeks after				
2nd Dose	9-5-2021	SINOVAC		L202106036
	Vaccinator Name: Mydel Martinez		Signature:	

Our City, Our Home, Our Future