COVID - 19 VACCINATION CARD

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

Control No. 20-611-2148

Name: FRANZ JOSEPH B. NAYRE Sex: M

Address: BRGY. GUADALUPE BAYBAY CITY, LEYTE

Date of Birth: 04/08/1998 Contact No. 0948 113 7033

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/22/21	SINOVAC		C202104170
	Vaccinator Name: HERCULES C. BALTAZAR, RN Lic. No. 0827579		Signature:	
Schedule of 2nd Dose: AFTER 4 WEEKS				
2nd Dose	10-28-21	SINOVAC		C202109179
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 0034258		Signature:	

Our City, Our Home, Our Future

BP-131/78

26

10:30

11:21