

COVID - 19 VACCINATION CARD

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



Name: Maria Roberta S. Mirafior Control No. 38-825-2523
Sex: Female
Address: Kilim
Date of Birth: 10-28-1997 Contact No. 09066701689
Place Administered: Baybay Gym.

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-16-21	SINOVAC		Jav2108083
	Vaccinator Name: MARIA LUISA D. MATILLANO, RM Lic. No. 0115659		Signature: 	
Schedule of 2nd Dose: After 4wks.				
2nd Dose	10-14-21	SINOVAC		J102108095
	Vaccinator Name: GINA D. ESPERANZA, RM		Signature: 	

Our City, Our Home, Our Future