COVID - 19 VACCINATION CARD

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

Name: Policarpo C. Gumiba, Jr. Control No. 92-657-2731

Sex: M

Address: Z-1 Maybay City

Date of Birth: 10-10-58 Contact No. 09654992911

Place Administered: Maybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	8-11-21	SINOVAC		1202106039
	Vaccinator Name: DARLENE MAY GALVEZ, RN, RM		Signature:	
Schedule of 2nd Dose:				
2nd Dose	9-14-21	SINOVAC	220	2107062
	Vaccinator Name: Mae P. Bagarinao RM,BSM Lic. No. 0142826		Signature:	

Our City, Our Home, Our Future