COVID - 19 VACCINATION CARD

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

Control No. 54-250-D86

Name: CHRISTIAN MIKHAEL RESTOR Sex: M

Address: VSU, BAYBAY CITY, LEYTE

Date of Birth: 10/16/1992 Contact No. 963-795-15

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/22/21	SINOVAC		C[illegible]
	Vaccinator Name: [illegible]		Signature:	
Schedule of 2nd Dose: AFTER 4 WEEKS				
2nd Dose	10-28-21	SINOVAC		C[illegible]
	Vaccinator Name: [illegible]		Signature:	

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PNP - 149190

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