

COVID - 19 VACCINATION CARD

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



Name: <u>Marian G. Sacro</u>		Control No. <u>79-40-199</u>		
Address: <u>Zone 23 City of Baybay, Leyte</u>		Sex: <u>Female</u>		
Date of Birth: <u>08-24-1996</u>		Contact No. _____		
Place Administered: <u>BAYBAY GYM</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>9-22-21</u>	<u>SINOVAC</u>		<u>C202108179</u>
	Vaccinator Name: <u>LENDON REBUCAS, RM</u>		Signature: <u>[Signature]</u>	
Schedule of 2nd Dose:		License No. <u>0179254</u>		
2nd Dose	<u>10-28-21</u>	<u>SINOVAC</u>		<u>C202109179</u>
	Vaccinator Name: <u>MISSA G. CANO, RM, BCHS</u>		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future