COVID - 19 VACCINATION CARD

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

Name: DHENBER C. LUSANTA Control No. 20-096-4860

Sex: M

Address: BRGY. GUADALUPE, BAYBAY CITY, LEYTE

Date of Birth: 09/24/1989 Contact No. 09685347886

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/04/21	SINOVAC		C202108A
	Vaccinator Name:	Mydie M. Martinez, RN Lic. No. 0693083	Signature:	
Schedule of 2nd Dose: AFTER 4 WEEKS				
2nd Dose	10/28/21	SINOVAC		C202104A1
	Vaccinator Name:	MILDRED G. ABADIEZ, RN, BCHS Lic. No. 0120718	Signature:	

Our City, Our Home, Our Future