COVID - 19 VACCINATION CARD

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

Control No. 708 - 2916

Name: IDA BLANZ L. ORAPA Sex: Female

Address: ZONE 18, BAYBAY

Date of Birth: 01-12-1985 Contact No. 0938 0074048

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVAC		C202108776
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 0034258		Signature:	
Schedule of 2nd Dose: after 4 wks				
2nd Dose	10-28-21	SINOVAC		C202109179
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 0034258		Signature:	

Our City, Our Home, Our Future