

COVID - 19 VACCINATION CARD

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



Name: <u>LIVILLA G. ALCOBER</u>		Control No: <u>54-0922-AA502</u>		
Address: <u>VRCA Baybay City</u>		Sex: <u>Female</u>		
Date of Birth: <u>3/13/1981</u>		Contact No. <u>09183825264</u>		
Place Administered: <u>Baybay City</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>9.22.21</u>	<u>Sinovac</u>		<u>C2040870</u>
	Vaccinator Name: <u>Mydie M. Martinez, RN</u> Lic. No. 6693663		Signature: <u>[Signature]</u>	
Schedule of 2nd Dose: <u>after 2 wks</u>				
2nd Dose	<u>10/22/21</u>	<u>Sinovac</u>		<u>C2021081168</u>
	Vaccinator Name: <u>MILDRED G. ABADIEZ, RN</u>		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future