

# COVID - 19 VACCINATION CARD

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



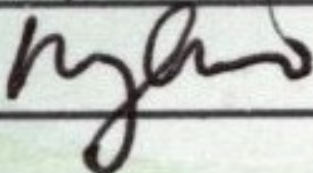
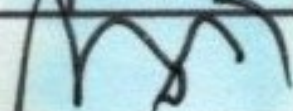
Control No. 93-421-1931

Name: LIZA ANN C. JAGONOS Sex: F

Address: BRGY. COGON BAYBAY CITY

Date of Birth: 12-23-1985 Contact No. 096319300694

Place Administered: Baybay City Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	9/22/21	Sinovac		C202108770
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 0034258		Signature: 	
Schedule of 2 <sup>nd</sup> Dose: After 4 weeks				
2 <sup>nd</sup> Dose	10/28/21	Sinovac		C202109179
	Vaccinator Name: MILDRED G. ABADIEZ, RM, BCHS		Signature: 	

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