

# COVID - 19 VACCINATION CARD

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



Control No. 22-643-3114

Name: JENEFER B. JAYME Sex: F  
Address: BRGY HIBUNAWAN BAYBAY LEYTE  
Date of Birth: DEC 10, 1991 Contact No. 09651332555  
Place Administered: Baybay gym

| Vaccine                                       | Date     | Product Name                                 | Batch No.  | Lot No.     |
|-----------------------------------------------|----------|----------------------------------------------|------------|-------------|
| 1 <sup>st</sup> Dose                          | 9-17-21  | SINOVAC                                      |            | 1202100882  |
| Vaccinator Name:                              |          | LONDON REBOCAS, RM<br>License No. 0473234    | Signature: | [Signature] |
| Schedule of 2 <sup>nd</sup> Dose: after 9 wks |          |                                              |            |             |
| 2 <sup>nd</sup> Dose                          | 10-15-21 | SINOVAC                                      |            | 1202108093  |
| Vaccinator Name:                              |          | MISSIA G. CAND, RM, BCHS<br>Lic. No. 0034258 | Signature: | [Signature] |

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