

COVID - 19 VACCINATION CARD

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



Name: Nancy V. Dumaguing Sex: Female

Address: VSU - Brgy. Pangasugan

Date of Birth: 10-04-1963 Contact No. _____

Place Administered: BAYBAY Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	Civiva		C2040872
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 0034258		Signature: [Signature]	
Schedule of 2nd Dose: after 4 wks				
2nd Dose	10-24-21	Shuvac		C2040872
	Vaccinator Name: MARIA LUISA D. MATILLANO, RM Lic. No. 0115659		Signature: [Signature]	

Our City, Our Home, Our Future