COVID - 19 VACCINATION CARD

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

Control No: 20-768-3252

Name: FAELNAR , LADY MAY CAPUNO **Sex:** F

Address: ZONE 4 BAYBAY CITY LEYTE

Date of Birth: 05/10/1990 **Contact No.** 0943-043-0911

Place Administered: BAYBAY 1 CS

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	5/5/2021	SINOVAC		C202104058
	Vaccinator Name: GESA MEGHANN B. SUBA-AN		Signature:	
Schedule of 2nd Dose:				
2nd Dose	06-02-21	SINOVAC		C202104058
	Vaccinator Name: FLORITA M. BARIT, RM, MP LIC. No. 005540		Signature:	

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