COVID - 19 VACCINATION CARD

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

Control No. 18-934-4613

Name: Shiela R. Rabe Sex: Female

Address: Brgy. Gabas City of Baybay

Date of Birth: 11-15-1986 Contact No. 09558632249

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVAC		C20210817
	Vaccinator Name: LENDON REBUCAS, RM		Signature:	
Schedule of 2nd Dose:	License No. 0179254		AFTER 4 WEEKS	
2nd Dose	10/29/21	SINOVAC		C20210975
	Vaccinator Name: MILDRED G. ABADIEZ, RM		Signature:	
	Lic. No. 0130			

Our City, Our Home, Our Future