COVID - 19 VACCINATION CARD

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

Control No. 54-936-5013

Name: Maria Louella C. Tambis Sex: Female

Address: VSU Baybay City, Leyte

Date of Birth: 3-12-1983 Contact No. 09277011023

Place Administered: Gaas Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-1-21	Sinovac		U202108082
	Vaccinator Name: LENDON REBUCAS, RM		Signature:	
Schedule of 2nd Dose:	License No. 0179254			
2nd Dose	10-6-21	SINOVAC		U202108095
	Vaccinator Name: Mae P. Bagarinao RM RCM		Signature:	