

COVID - 19 VACCINATION CARD

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



Name: Magdalene C. Unajan Control No. 38-1193-5217
Sex: F
Address: Brgy. Kilim Baybay City, Leyte
Date of Birth: 05-26-1981 Contact No. 09171541530
Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>9-14-21</u>	<u>SINOVAC</u>		<u>J202108083</u>
Vaccinator Name:		<u>GINA D. ESPERANZA, RM</u>	Signature:	<u>[Signature]</u>
Schedule of 2nd Dose: <u>x</u>		<u>PRC Lic. No. 0102019</u>		
2nd Dose	<u>10/14/21</u>			<u>J202108083</u>
Vaccinator Name:		<u>FLORITA M. BARIT, RM, M</u>	Signature:	

Our City, Our Home, Our Future