

COVID - 19 VACCINATION CARD

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



Control No. JA-0922-AMIC

Name: Nilo L. Leorna

Sex: M

Address: VSN Baybay City, Leyte

Date of Birth: 09/4/76

Contact No. 0999 691 5424

Place Administered: Baybay city gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/22/21	Sinovac		CW4U8M0
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 003475		Signature: mayano	
Schedule of 2nd Dose: After 4 weeks				
2nd Dose	10-28-21	SINOVAC		C002108161
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS 003475		Signature: [Signature]	

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