

COVID - 19 VACCINATION CARD

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



Name: <u>Viriana P. Lina</u>		Control No. <u>59-0922-F1815</u>	
Address: <u>Villa Baybay City</u>		Sex: <u>Female</u>	
Date of Birth: <u>5/31/97</u>		Contact No. <u>0929 114 1790</u>	
Place Administered: <u>Baybay Gym</u>			
Vaccine	Date	Product Name	Batch No. Lot No.
1 st Dose	<u>9-22-21</u>	<u>SINOVAC</u>	<u>CR021001</u>
Vaccinator Name: <u>Mydie M. Martinez, RN</u>		Signature: <u>[Signature]</u>	
Schedule of 2 nd Dose: <u>after 4wks</u>			
2 nd Dose	<u>10/28/21</u>	<u>SINOVAC</u>	<u>CR021001</u>
Vaccinator Name: <u>GINA D. ESPERANZA, RM</u>		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future