

COVID - 19 VACCINATION CARD

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



Name: Jannet Leslie Evelyn S. Codog Control No. 57-528-2952
Sex: F
Address: Brgy. Pangasugan Baybay City, Leyte
Date of Birth: 07-01-1987 Contact No. _____
Place Administered: BAYBAT GYM

| Vaccine | Date | Product Name | Batch No. | Lot No. |
|-----------------------|------------------|--------------------------------|------------|--------------------|
| 1st Dose | <u>9/17/2021</u> | SINOVAC | | <u>J2021 08082</u> |
| Vaccinator Name: | | <u>FLORITA M. BAKU, RN</u> | Signature: | <u>[Signature]</u> |
| Schedule of 2nd Dose: | | <u>After 4 wks.</u> | | |
| 2nd Dose | <u>10/15/21</u> | <u>SINOVAC</u> | | <u>J2021 08096</u> |
| Vaccinator Name: | | <u>GRACIA D. ESPERANZA, RM</u> | Signature: | <u>[Signature]</u> |

Our City, Our Home, Our Future