

# COVID - 19 VACCINATION CARD

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



Name: Hilde B. Cuervas Control No. 47-439-1803  
Address: Barrio Maras Baybay City Sex: Female  
Date of Birth: July 10, 85 Contact No. \_\_\_\_\_  
Place Administered: Baybay Lgm

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVA C		C202108170
	Vaccinator Name: <u>LONDON REBUCAS, RM</u>		Signature: <u>[Signature]</u>	
Schedule of 2nd Dose: <u>9 FEB 9 WEEKS</u>				
2nd Dose	10/26/21	<u>MARIA LUISA D. MATILLANO, RM</u>		C202108161
	Vaccinator Name: <u>Lic. No. 0115659</u>		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future