

COVID - 19 VACCINATION CARD

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



Control No. 68-356-1678

Name: FLORANTE G. DIBAL Sex: M

Address: Zone 12, BAYBAY CITY, LEYTE

Date of Birth: 11/26/1975 Contact No. 0965 944 6911

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	9/22/21	SINOVAC		C20210817D
Vaccinator Name:		Signature:		
HERCULES C. BALTAZAR, RN Lic. No. 0827579				
Schedule of 2 nd Dose: <u>AFTER 4 WEEKS</u>				
2 nd Dose	10/28/21	SINOVAC		C20210917A
Vaccinator Name:		Signature:		
GINA D. ESPERANZA, RN Lic. No. 0102015				

Our City, Our Home, Our Future