COVID - 19 VACCINATION CARD

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

Control No. 18-159-G59

Name: Homer Lois P. Napoles Sex: M

Address: Cabacas Baybay City, Leyte

Date of Birth: 11-27-88 Contact No.

Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	Sinovac		C202105477
	Vaccinator Name:	HERCULES C. BALTAZAR, RN Lic. No. 0827579	Signature:	
Schedule of 2nd Dose:	After 4 wks			
2nd Dose	10-20-21	Sinovac		C202109179
	Vaccinator Name:	RHEA JANE C. CIABU, RM	Signature:	

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