

COVID - 19 VACCINATION CARD

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



Name: <u>Emelita S. Pansanas</u>		Control No. <u>54-00001-004</u>	
Address: <u>NSCA Baybay City</u>		Sex: <u>Female</u>	
Date of Birth: <u>10/23/1981</u>		Contact No. _____	
Place Administered: <u>Baybay Gym</u>			
Vaccine	Date	Product Name	Lot No.
1 st Dose	<u>11/21/21</u>	<u>21AC</u>	<u>CW0108770</u>
Vaccinator Name: <u>MA. VISSIA G. CANO, RM, BCHS</u>		Signature: <u>[Signature]</u>	
Lic. No. <u>0034258</u>			
Schedule of 2 nd Dose: <u>q12w up to</u>			
2 nd Dose	<u>10/28/21</u>	<u>Sinovae</u>	<u>6202109179</u>
Vaccinator Name: <u>MILDRED G. ABADIEZ, RM, BCHS</u>		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future