COVID - 19 VACCINATION CARD

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

Control No. 08-109-277

Name: DALISAY F. ANDRES Sex: F

Address: ZONE 12 BAYBAY CITY

Date of Birth: OCT. 24, 1968 Contact No. 09176341498

Place Administered: BAYBAY CITY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-3-21	SINOVAC		J2021080082
	Vaccinator Name: GINA D. ESPERANZA RM PRC Lic. No. 010201		Signature:	
Schedule of 2nd Dose: AFTER 4 WEEKS				
2nd Dose	10-4-21	SINOVAC		J2021080095
	Vaccinator Name: GINA D. ESPERANZA RM		Signature:	

Our City, Our Home, Our Future