



# COVID - 19 VACCINATION CARD

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



Name: Mary Grace P. Enaya Control No. 51-842-4648  
Sex: F  
Address: Purok 2 Nrgy Pangasugan  
Date of Birth: 07-09-90 Contact No. 09427905873  
Place Administered: Maybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	9-2-21	Sinevac		J202108082
	Vaccinator Name: JIZZA P. DEGORIO, RM, BSM		Signature: 	
Schedule of 2 <sup>nd</sup> Dose: Lic. No. 0147345 AFTER 4 WEEKS				
2 <sup>nd</sup> Dose	10/01/21	SINOVAC		J202108195
	Vaccinator Name: Mae P. Bagarinao RM, DSM		Signature: 	

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