

# COVID - 19 VACCINATION CARD

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



Name: JUDE NONIE A. SALES Control No. \_\_\_\_\_ Sex: M  
Address: BREY CANDADAM BAYBAY CITY LEYTE  
Date of Birth: 10/11/1971 Contact No. 09173005081  
Place Administered: CANDADAM GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	7/29/21	JANGSEN		2/2021A
	Vaccinator Name: GINA D. ESPERANZA, RM PRC Lic. No. 0102019		Signature: 	
Schedule of 2 <sup>nd</sup> Dose:				
2 <sup>nd</sup> Dose				
	Vaccinator Name:		Signature:	

*Our City, Our Home, Our Future*