COVID - 19 VACCINATION CARD

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

Control No. 86-850-3418

Name: IRISH C. SIDAYA Sex: F

Address: BRGY. STA. CRUZ, BAYBAY CITY, LEYTE

Date of Birth: 10/17/1990 Contact No. 0936 29/2496

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/22/21	SINOVAC		C202108170
	Vaccinator Name: ROSIELYN B. BAÑOC RM, BSN Lic. No. 0173901		Signature:	
Schedule of 2nd Dose: AFTER 4 WEEKS				
2nd Dose	10-28-21	SINOVAC		C202109179
	Vaccinator Name: MA. VISSIA G. CANO, RM, BCHS Lic. No. 0034258		Signature:	

Our City, Our Home, Our Future