

COVID - 19 VACCINATION CARD

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



54-96-4336

Control No.

Name: Chizka Mae Martinez

Sex: Female

Address: Pangasinan Baybay City

Date of Birth: 5/31/93

Contact No. 0936-123-1749

Place Administered: Baybay City

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVAC		C202108170
Vaccinator Name:		Signature:		
FLORITA M. BARIT, RM, MPM		fbarit		
Schedule of 2nd Dose:		LIC. No. 0055400		
2nd Dose	10/28/21	SINOVAC		C202108170
Vaccinator Name:		Signature:		
MARIA LUISA D. MATILLANO, RM		Mar-		
Lic. No. 0115659				

Our City, Our Home, Our Future