



# COVID - 19 VACCINATION CARD

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



Name: LILIAN R. NUÑEZ Control No. 18-026-1396  
Sex: F  
Address: BRGY. GABAS BAYBAY CITY  
Date of Birth: 01-3-1964 Contact No. 6975 128 5910  
Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	9-17-21	SINOVAC		120210808
	Vaccinator Name: HERCULES C. BALIAJAN, R.N. LIC. No. 0827579		Signature: 	
Schedule of 2 <sup>nd</sup> Dose: after 4 wks				
2 <sup>nd</sup> Dose	10-15-21	SINOVAC		120210808
	Vaccinator Name: EDRED G. ABADIEZ, R.N., BCHS LIC. No. 0120718		Signature: 	

Our City, Our Home, Our Future