

COVID - 19 VACCINATION CARD

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



Name: <u>Lindon M. Fernandez</u>		Control No. <u>54-360-1756</u>		
Sex: <u>M</u>				
Address: <u>Barangay Danga Sugan, Baybay City, Leyte</u>				
Date of Birth: <u>Feb. 27, 1992</u>		Contact No. <u>09397648185</u>		
Place Administered: <u>Baybay Gym</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>9-22-21</u>	<u>Sinovac</u>		<u>CP021081</u>
	Vaccinator Name: <u>Mydie M. Martinez, RN</u> Lic. No. 00930003		Signature: <u>[Signature]</u>	
Schedule of 2 nd Dose: <u>after 21 days</u>				
2 nd Dose	<u>10/28/21</u>	<u>Sinovac</u>		<u>CP02109179</u>
	Vaccinator Name: <u>MILDRED G. ABADIEZ, RN, D</u>		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future