COVID - 19 VACCINATION CARD

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

Control No. 79-444-2021

Name: JERLYN M. DONAYRE Sex: Female

Address: ZONE 1, BAYBAY

Date of Birth: 6-26-1992 Contact No. 09263081160

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVAC		C202105170
	Vaccinator Name:	HERCULES C. BALTAZAR, RN Lic. No. 0827579	Signature:	
Schedule of 2nd Dose: after 4 weeks				
2nd Dose	10/28/21	GINA D. ESPERANZA, RN;		C202109179
	Vaccinator Name:	Lic. No. 0102015	Signature:	

Our City, Our Home, Our Future