

# COVID - 19 VACCINATION CARD

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



Name: TUNI MARC L. DARGANTES

Control No. 17-191-821

Sex: M

Address: BRG4. GNAS BAYBAY CITY LEYTE

Date of Birth: 4-29-1983

Contact No. 6998 328 6945

Place Administered: BAMBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/17/21	SINOVAC		P202108082
Vaccinator Name: <u>CHARITY T. BARANDA, RM, BSM</u>			Signature: <u>[Signature]</u>	
Schedule of 2nd Dose: <u>After 4 wks.</u>				
2nd Dose	10/15/21	SINOVAC		C202108095
Vaccinator Name: <u>Mae P. Bagarinao RM, BSM</u>			Signature: <u>[Signature]</u>	

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