

COVID - 19 VACCINATION CARD

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



Name: <u>Jose Roldan Garcitos</u>		Control No. <u>19-116-465</u>	
Address: <u>Bar. Bunga City of Angeles, Lake</u>		Sex: <u>Male</u>	
Date of Birth: <u>04-28-1970</u>		Contact No. _____	
Place Administered: <u>EMERALD GYM</u>			
Vaccine	Date	Product Name	Batch No. / Lot No.
1 st Dose	<u>9-22-21</u>	<u>SINOVA</u>	<u>CB2108170</u>
Vaccinator Name: _____		Signature: _____	
Schedule of 2 nd Dose: <u>9-28-21</u>			
2 nd Dose	<u>9-28-21</u>	<u>SINOVA</u>	<u>CB2108170</u>
Vaccinator Name: _____		Signature: _____	

Our City, Our Home, Our Future

