

# COVID - 19 VACCINATION CARD

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



Control No. 54-0914-AuIod

Name: Norman O. Villas Sex: M

Address: Apt-47. Vsu Visca Baybay City Lupa

Date of Birth: 5-11-1990 Contact No. 09176390003

Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>9/16/21</u>	<u>Sinovac</u>		<u>202108082</u>
	Vaccinator Name: <u>MA. VISSIA G. CANO, RM, BC</u> <small>Lic. No. 0034255</small>		Signature: <u>[Signature]</u>	
Schedule of 2nd Dose:				
2nd Dose	<u>10-14-21</u>	<u>Sinovac</u>		<u>202108095</u>
	Vaccinator Name: <u>RHEA JANE C. CIABU, RM</u> <small>Lic. No. 0137369</small>		Signature: <u>[Signature]</u>	

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