

COVID - 19 VACCINATION CARD

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



Control No. 18-0917-UM002
 Name: HARVIE P. PORTUGALIZA Sex: M
 Address: BRGY. GABAS BAYBAY CITY LEYTE
 Date of Birth: DEC. 13, 1988 Contact No. 09266537602

Place Administered: _____

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-17-21	SINOVAC		202108082
Schedule of 2nd Dose:		Vaccinator Name: Mydie M. Martinez, RN Signature: <i>[Signature]</i> Ltc. No. 0593083 after 4 wks		
2nd Dose	10/15/2021	SINOVAC		202108082
Vaccinator Name:		MILDRED G. ARADIEZ, RN, D. Signature: <i>[Signature]</i>		

Our City, Our Home, Our Future