

# COVID - 19 VACCINATION CARD

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



Name: **MIKE B. PAUCANOS** Control No: **89-0922-Fl024**  
 Sex: **Male**  
 Address: **VSU, BATANG**  
 Date of Birth: **05-30-1980** Contact No. **09351857759**  
 Place Administered: **BATANG GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	9-22-21	Sinovac		C20210817A
Vaccinator Name:		FLORITA M. BARIT, RM, M. LIC. NO. 005540	Signature: <i>[Signature]</i>	
Schedule of 2 <sup>nd</sup> Dose: <b>after 4wks</b>				
2 <sup>nd</sup> Dose	10-28-21	Sinovac		C20210917A
Vaccinator Name:		VISSIA G. CARNO, RM, BCMS LIC. No. 0034258	Signature: <i>[Signature]</i>	

Our City, Our Home, Our Future