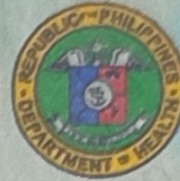


# COVID - 19 VACCINATION CARD

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



Name: ANDY PHIL D. CORTES Control No. 20-498-2078 Sex: M

Address: BRGY. GUADALUPE, BAYBAY CITY, WTA

Date of Birth: 04/07/1994 Contact No. \_\_\_\_\_

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>9/22/21</u>	<u>SINOVA</u>		<u>C202109179</u>
	Vaccinator Name: <u>IMELDA F. HUMANDO, RM, BCHS</u> Lic. No. <u>0074738</u>		Signature: _____	
Schedule of 2nd Dose: <u>AFTER 4 WEEKS</u>				
2nd Dose	<u>10/26/21</u>	<u>SINOVA</u>		<u>C202109179</u>
	Vaccinator Name: <u>LOUILA Y. HOYUMPA, RM, BSM</u> Lic. No. <u>0171324</u>		Signature: _____	

Our City, Our Home, Our Future