

# COVID - 19 VACCINATION CARD

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



87-99-169

Name: DELFIN E. CADARDO JR Control No. \_\_\_\_\_ Sex: M

Address: STO ROSARIO, Baybay

Date of Birth: 8-28-1990 Contact No. \_\_\_\_\_

Place Administered: CHD Baybay

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	06-11-21	SINOVAC		L202105083
Vaccinator Name: <u>ERIC CHRISTIAN CHU, RN</u>			Signature:	
Schedule of 2nd Dose: <u>AFTER 4 WEEKS</u>				
2nd Dose	7-13-21	SINOVAC		L202106032
Vaccinator Name: <u>Subject Center</u>			Signature:	

Our City, Our Home, Our Future