

COVID - 19 VACCINATION CARD

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



Name: Mencius B. Esiden Control No. 47-6116-2688
Sex: FM
Address: Brig. Marcos Baybay City
Date of Birth: 10-09-1992 Contact No. 0947 254 66 27
Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	10-5-21	PFIZER		FF8279
	Vaccinator Name: GINA D. ESPERANZA, RM PRC Lic. No. 0102019		Signature: <i>Cenz</i>	
Schedule of 2 nd Dose: After 3 weeks				
2 nd Dose	10/26/21	PFIZER		31060B0
	Vaccinator Name: FLORITA M. BARTI, RM, NEP LIC. No. 0055400		Signature: <i>florita</i>	

Our City, Our Home, Our Future