COVID - 19 VACCINATION CARD

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



Name: Rabalina D. Palignul Sex: Address: Lua dalupe Baybay City Luy Date of Birth: 11-05-1965 Contact No. 095783	6143
Name: Sex:	E
Address: Jane acting paying my dig	1222
Date of Birth: 11-05-1905 Contact No. 095783	15881
Place Administered: BAYBAY GYM	a selection

Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	1-13-22	MODERNA		MCJPEO
	Vaccinator Name: MILDRED G. ABADIEZ, RM, BCHS LIC. NO. 0120718		Signature:	Signature:

Our City, Our Home, Our Future