COVID - 19 VACCINATION CARD

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

Control No. 18-997-840

Name: MARY JOY H. PIAMONTE Sex: F

Address: GABAS BAYBAY CITY

Date of Birth: 07-30-1993 Contact No. 0938-009-4528

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10/5/21	PFIZER		FF6279
	Vaccinator Name:	GINA D. ESPERANZA, RM, Lic. No. 0102015	Signature:	
Schedule of 2nd Dose:	AFTER 3 WEEKS			
2nd Dose	10/26/21	MARIA LUISA D. MATILLANO, RM		31060BD
	Vaccinator Name:	Lic. No. 0115659	Signature:	

Our City, Our Home, Our Future