COVID - 19 VACCINATION CARD

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

5-7-12

Control No. _____

Name: Graciana M. Espinosa Sex: Female

Address: Brgy. Patag Baybay City

Date of Birth: 12-19-60 Contact No. 09264410229

Place Administered: CHO - Baybay

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	7-29-21	Janssen		212021A
	Vaccinator Name: RHEA D. ROA, RM, BSM Lic. No. 0168616		Signature:	
Schedule of 2nd Dose:				
2nd Dose				
	Vaccinator Name:		Signature:	

Our City, Our Home, Our Future