COVID - 19 VACCINATION CARD

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

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Control No. 68-[illegible]

Name: ROLDAN E. OMALAY Sex: M

Address: ZONE 12 BAYBAY CITY

Date of Birth: 01 - 03 - 1999 Contact No. 09353222026

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10/5/21	PFIZER		FF8279
	Vaccinator Name: GINA D. ESPERANZA, RM, Lic. No. 0102015		Signature:	
Schedule of 2nd Dose: AFTER 3 WEEKS				
2nd Dose	10/26/21	PFIZER		320218D
	Vaccinator Name: MARIA [illegible] MATILLANO, RN Lic. No. 0115659		Signature:	

Our City, Our Home, Our Future