COVID - 19 VACCINATION CARD

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

20-0729-08AM

Control No. _____

Name: MARJORIE E. TIMBAL Sex: F

Address: ZONE 1, BAYBAY CITY, LEYTE, GUADALUPE

Date of Birth: 11/9/97 Contact No. _____

Place Administered: CHO- BAYBAY

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	7/29/21	JANSSEN		
	Vaccinator Name:	ROXANNE MAIA F. CORPUZ, RN Lic. No. 0838277	Signature:	
Schedule of 2nd Dose:				
2nd Dose				
	Vaccinator Name:		Signature:	

Our City, Our Home, Our Future