

COVID - 19 VACCINATION CARD

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



Name: Michael Dominic M. Garrido Control No. J4-1005-EWP 13 Sex: M
Address: VSU Baybay City, Leyte
Date of Birth: 07-08-1992 Contact No. 09518717497
Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	10/5/21	PFIZER		FF8279
	Vaccinator Name: <u>MA. VISSIA G. CAND, RM, BCHS</u> Lic. No. <u>0034258</u>		Signature: <u>[Signature]</u>	
Schedule of 2 nd Dose: <u>AFTER 3 WEEKS</u>				
2 nd Dose	10/26/21	PFIZER		31060110
	Vaccinator Name: <u>MARIA LUISA D. MAYILLANO, R.N.</u> Lic. No. <u>0115659</u>		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future