COVID - 19 VACCINATION CARD

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

Control No. 8-231-1184

Name: JANET O. PASA Sex: F

Address: BRGY. BIASONG BAYBAY CITY, LEYTE

Date of Birth: 01-08-1992 Contact No. 09091647974

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	11-10-21	PFIZER		FH4752
	Vaccinator Name: GINA D. ESPERANZA, RN, Lic. No. 0102015		Signature:	
Schedule of 2nd Dose: After 3 weeks				
2nd Dose	12-1-21	PFIZER		PCA0030
	Vaccinator Name: Lesly Anne P. Fernandez, RN License no. 0541798		Signature:	

Our City, Our Home, Our Future