COVID - 19 VACCINATION CARD

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

Control No. 541005-M1501

Name: Cagande, Loreme S. Sex: Female

Address: VSU. City of Baybay, Leyte

Date of Birth: 12-23-1993 Contact No. 09155820070

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10-5-21	PFIZER		FF8279
	Vaccinator Name: HERCULES C. BALIALAK, M. LIC. No. 0827579		Signature:	
Schedule of 2nd Dose: after 3mos				
2nd Dose	10/26/21	PFIZER		3106003D
	Vaccinator Name: FLORITA M. BARIT, RM, MPA LIC. No. 0055400		Signature:	

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