

COVID - 19 VACCINATION CARD

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



Control No. B-0202-ELP06

Name: Kimberly V. Caingcoy Sex: Female

Address: Brgy. Gabas Baybay City, Leyte

Date of Birth: 4/23/1995 Contact No. 09121917205

Place Administered: Prince mall Baybay City

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	2-2-22	MODERNA		029K21A
BOOSTER	Vaccinator Name: <u>Miriam V. Sumabal, RN</u>		Signature: <u>[Signature]</u>	
Schedule of 2nd Dose: <u>After 4 months</u>		License No. <u>0616787</u>		
2nd Dose	9-21-22	PFIZER		PCA0046
BOOSTER	Vaccinator Name: <u>Miriam V. Sumabal, RN</u>		Signature: <u>[Signature]</u>	
		License No. <u>0616787</u>		

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