

# COVID - 19 VACCINATION CARD

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



Control No. 79-966-4282

Name: LOVELY MAE JABINES ESTOR Sex: F

Address: ZONE 23, BAYBAY CITY, LETE

Date of Birth: 11.06.1997 Contact No. 09093234740

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	<u>11.24.21</u>	<u>PFIZER</u>		<u>FL5324</u>
	Vaccinator Name: <u>MILDRED G. ABADIEZ, RM, BC</u>		Signature: <u>[Signature]</u>	

Schedule of 2<sup>nd</sup> Dose: APPROX. 3 WEEKS

2 <sup>nd</sup> Dose	<u>12-20-21</u>	<u>PFIZER</u>		<u>FL7201</u>
	Vaccinator Name: <u>VILMA A. OMPOY, RM, DSM</u>		Signature: <u>[Signature]</u>	

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