COVID - 19 VACCINATION CARD

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

Control No. 18-1005-0K26

Name: Rovel D. Geromo Sex: M

Address: Brgy. Gabas Baybay City

Date of Birth: 04-22-1997 Contact No. 09780078808

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10-5-21	PFIZER		FF8279
	Vaccinator Name:	REA JANE C. CLABO, RM Lic. No. 0137369	Signature:	
Schedule of 2nd Dose:	Apr 26 '21 Wed			
2nd Dose	10/26/21	PFIZER		7106030
	Vaccinator Name:	Lic. No. 0035120	Signature:	

Our City, Our Home, Our Future