

# COVID - 19 VACCINATION CARD

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



Name: Krystel Kaye M. Casinillo Control No. 54-416-3623  
Sex: F  
Address: Brgy. Pangarugan Baybay City, Leyte  
Date of Birth: 09-04-1997 Contact No. 09464219161  
Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>10/5/21</u>	<b>PFIZER</b>		<u>FF8279</u>
Vaccinator Name:		<u>CINA D. ESPERANZA, RM,</u> <u>Lic. No. 0102015</u>	Signature: <u>Cen</u>	
Interval of 2nd Dose: <u>AFTER 3 WEEKS</u>				
2nd Dose	<u>11/26/21</u>	<b>PFIZER</b>		<u>3202187</u>
Vaccinator Name:		<u>MARIA ROSA D. MATILLANG, RM,</u> <u>Lic. No. 0115659</u>	Signature: <u>MJR</u>	

**Our City, Our Home, Our Future**