

# COVID - 19 VACCINATION CARD

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



Name: Rotsen B. Labisores Control No. 01-20-509  
Sex: M  
Address: Zone-5, Baybay City  
Date of Birth: 05/27/1994 Contact No. 09176225113  
Place Administered: BAYBAY 6YM.

Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	2/2/22	PFIZER		PM2904
	Vaccinator Name: FLORITA M. BARIT, RM, MPM Lic. No. 0055400		Signature: 	

*Our City, Our Home, Our Future*