

COVID - 19 VACCINATION CARD

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



Name: <u>May Ann Palen</u>		Control No. <u>20-080222-MBMD</u>		
Address: <u>Mrgy. Guadalupe Baybay City</u>		Sex: <u>F</u>		
Date of Birth: <u>2-5-89</u>		Contact No. _____		
Place Administered: <u>Baybay Gym</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
<u>1st</u> Booster Shot	<u>08-02-22</u>	<u>Pfizer</u>		<u>FM2966</u>
Vaccinator Name:		Signature:		
<u>JAZZJIN C. LICO, RN</u> Lic. No. 0828479				

Our City, Our Home, Our Future