

COVID - 19 VACCINATION CARD



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



Control No. J4-9W-9874

Name: Rhea Angelie Modina Fernandez Sex: Female

Address: Brgy. Pangasugan

Date of Birth: 06-26-1994 Contact No. 09675048088

Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10/5/21	PFIZER		FF8279
	Vaccinator Name: RHEA JANE C. CIABU, RM Lic. No. 0137369		Signature: 	
Schedule of 2nd Dose: AFTER 3 WEEKS				
2nd Dose	10-26-21	PFIZER		310608P
	Vaccinator Name: Mae P. Bagarinao RM, DSM Lic. No. 0142026		Signature: 	

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