COVID - 19 VACCINATION CARD

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

Control No. 20-407-1677

Name: CELSO F. SACRO Sex: M

Address: GUADALUPE, BAYBAY CITY

Date of Birth: 05/28/1972 Contact No. 0909 490 3543

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/5/21	PFIZER		FF8270
	Vaccinator Name: MA. VISSIA G. CANO, RM, RCHS Lic. No. 0034258		Signature:	
Schedule of 2nd Dose: AFTER 3 WEEKS				
2nd Dose	10-26-21	PFIZER		3104900
	Vaccinator Name: Mae P. Bagarinao RM, RSW Lic. No. 0142[illegible]		Signature:	

Our City, Our Home, Our Future