

COVID - 19 VACCINATION CARD

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



Name: JHA C. MEJIA

Control No. 201042

Sex: F

Address: GUADALUPE BAYBAY CITY

Date of Birth: 10-25-1998 Contact No. 09306088164

Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>10/5/21</u>	PFIZER		<u>FF8279</u>
	Vaccinator Name: <u>HERCULES C. BALTAZAR, RN</u>		Signature:	
Schedule of 2nd Dose: <u>AFTER 3 WEEKS</u> Lic. No. <u>0827579</u>				
2nd Dose	<u>10/26/21</u>	MARIA LUISA D. MATILLANO, RN		<u>31060 BY</u>
	Vaccinator Name: <u>Lic. No. 0115659</u>		Signature:	

Our City, Our Home, Our Future