

COVID - 19 VACCINATION CARD

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



Name: Rosalina D. Poliquit

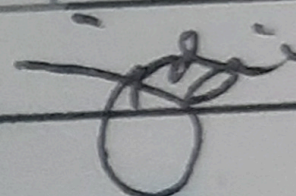
Control No. 20-46-143

Sex: F

Address: Brgy. Guadalupe Baybay City

Date of Birth: 11/05/1965 Contact No. 09257831581

Place Administered: CANBADAM GYM

Place Administered: _____				
Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	07-29-21	JANSSEN		212C21A
	Vaccinator Name: JIZZA P. DEGORIO, RM, BSM Lic. No. 0147345		Signature: 	
Schedule of 2 nd Dose:				
2 nd Dose				
	Vaccinator Name:		Signature:	

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