

# COVID - 19 VACCINATION CARD

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



Name: Anaelyn C. Regina Control No. 20-0922.FB  
Sex: F  
Address: Brgy. Guadalupe Baybay City  
Date of Birth: 01-22-91 Contact No. 0958 229 6655  
Place Administered: Baybay Gym.

Vaccine	Date	Product Name	Batch No.	Lot No.
BOOSTER <del>1st Dose</del>	2/2/22	MODERNA		029K21A
Vaccinator Name:		ROXANNE MAIA F. CORPUZ, RN PRC Lic. No. 0838277	Signature: 	
Schedule of 2 <sup>nd</sup> Dose:				
2 <sup>nd</sup> Dose				
Vaccinator Name:			Signature:	

Our City, Our Home, Our Future