

COVID - 19 VACCINATION CARD

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



Name: Arline B. Flanderz Control No. 79502213
Sex: F
Address: Zone 23 Baybay City Leyte
Date of Birth: 4-30-1962 Contact No. _____
Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	1-19-22	Astrazeneca		MO05A
Vaccinator Name:		Signature:		
Michael G. Abadiez, R.N., R.C.N.				
Lic. No. 0120718				

Our City, Our Home, Our Future