

COVID - 19 VACCINATION CARD

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



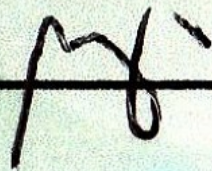
54-940-5029

Name: HUMBERTO R. MONTES JR. Control No. _____ Sex: M

Address: APT. 11 VSU BAYBAY CITY

Date of Birth: 8/4/1959 Contact No. 0908 4876611

Place Administered: PONGASUGAN GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	5/19/21	Astraneca		AMV 7179
	Vaccinator Name: WILSON G. AMARIEZ		Signature: 	
Schedule of 2 nd Dose: After 8 wks				
2 nd Dose				
	Vaccinator Name:		Signature:	

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