COVID - 19 VACCINATION CARD

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

54-940- 5079

Control No. _____

Name: HUMBERTO R. MONTES JR. Sex: M

Address: APT. 11 VSU BAYBAY CITY

Date of Birth: 8/4/1959 Contact No. 09084876611

Place Administered: PONGASUGAN GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	5/19/21	Astrazeneca		AMU 7179
	Vaccinator Name: WILFREDO G. AMADIEZ		Signature:	
Schedule of 2nd Dose:	APRV & WKS			
2nd Dose				
	Vaccinator Name:		Signature:	

Our City, Our Home, Our Future