COVID - 19 VACCINATION CARD

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

Control No. 26-59-21A

Name: Geecel F. Galvez Sex: F

Address: Brgy. Igang Baybay City, Leyte

Date of Birth: 10-08-1991 Contact No. 0961 1414 541

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10/5/21	PFIZER		FF8279
	Vaccinator Name:	MILDRED G. ABADIEZ, RM, BCHC	Signature:	
Schedule of 2nd Dose:	AFTER	Lic. No. 0120116 EXS		
2nd Dose	10-26-21	PFIZER		3106080
	Vaccinator Name:	VISSIA G. CANO, RM, BCHS Lic. No. 0034258	Signature:	

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