

COVID - 19 VACCINATION CARD

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



Name: MANUEL C. BARTOLINI Control No. 20-121-658
Sex: M
Address: BRGY GUADALUPE
Date of Birth: MAY 4, 1960 Contact No. 0975 3524 084
Place Administered: PANGASUGAN GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	5-10-21	AZTRAZENEC		ABU727
Vaccinator Name:			Signature:	
Schedule of 2 nd Dose: 4 wks after				
2 nd Dose	7-30-21	Aztrazeneca	210072	
Vaccinator Name: Mae P. Bagarinao RM, BSM			Signature:	

Our City, Our Home, Our Future