

COVID - 19 VACCINATION CARD

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



Name: CHARLINDO S. TORRION Control No. 90-226-999 Sex: m
Address: VSU DABAY CITY
Date of Birth: 9-6-1992 Contact No. 09190668626
Place Administered: DABAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	2-2-2022	MODERNA		0291621A
	Vaccinator Name: ROXANNE MAIA F. CORPUZ, RN PRC Lic. No. 0838277		Signature: 	