

COVID - 19 VACCINATION CARD

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



Name: CHARLINDO S. TORRION Sex: M Control No. 96-226-999

Address: VILLA SOL. BAYBAY CITY

Date of Birth: 09-06-1992 Contact No. 09190068626

Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	10-5-21	PFIZER		FF8279
	Vaccinator Name: HERCULES C. BALTAZAR, RN LIC. NO. 0827579		Signature:	
Schedule of 2 nd Dose: AFTER 3 WEEKS				
2 nd Dose	10-26-21	PFIZER		2106079
	Vaccinator Name: Mae P. Banarinas		Signature:	

Our City, Our Home, Our Future