COVID - 19 VACCINATION CARD

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

20-1110-AM5.05

Control No. ____

Name: Jeah Mae C. Ebero Sex: F

Address: Brgy. Guadalupe Baybay City, Leyte

Date of Birth: 3/22/1999 Contact No. 0967 700 5164

Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	11-10-21	PFIZER		FH 9757
	Vaccinator Name: MARIA LUISA D. MATIL[illegible]YO, RM Lic. No. 0115659		Signature:	
Schedule of 2nd Dose: after 3 weeks				
2nd Dose		PFIZER		
	Vaccinator Name:		Signature:	

Our City, Our Home, Our Future