COVID - 19 VACCINATION CARD

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

Control No. SL-283-12

Name: CONNEL D. ANTIPASO **Sex:** F

Address: VSU BAYBAY CITY

Date of Birth: 06-20-1962 **Contact No.** 0917-310-1458

Place Administered: PANGASUGAN GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	05-19-21	ASTRAZENECA		ABV7279
	Vaccinator Name: HERCULES C. BALTAZAR, RN Lic. No. 0827579		Signature:	
Schedule of 2nd Dose: AFTER 8 WEEKS				
2nd Dose	7:30 21	AstraZeneca	210412	
	Vaccinator Name: IMELDA F. ELMUNDO, RM, BCHS Lic. No. 0827579		Signature:	

Our City, Our Home, Our Future