

# COVID - 19 VACCINATION CARD

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



Name: Niel U. Trigasa

Control No. 9-1005-FIBIS

Sex: Male

Address: Pangasinan Baybay City Leyte

Date of Birth: 11-17-1976 Contact No. \_\_\_\_\_

Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>10/5/21</u>	<b>PFIZER</b>		<u>FF8279</u>
Vaccinator Name: <u>MA: VISSIA G. CANO, RM, BCHS</u>		Signature: <u>[Signature]</u>		
Lic. No. <u>0034258</u>				
Schedule of 2nd Dose: <u>AFTER 3 WEEKS</u>				
2nd Dose	<u>10/26/21</u>	<b>PFIZER</b>		<u>220480</u>
Vaccinator Name: <u>MAE P. Baganiao RM, BSM</u>		Signature: <u>[Signature]</u>		
Lic. No. <u>0142026</u>				

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