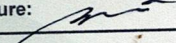
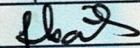


COVID - 19 VACCINATION CARD

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



Name: Charlie S. Andan Control No. 56-1065P2-0
 Sex: M
 Address: Bray Patag Baybay City, Leyte
 Date of Birth: 07-09-1994 Contact No. 09497408064
 Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	10-5-22	PFIZER		PF827
Vaccinator Name:		HERCULES C. BALTAZAR, RM Lic. No. 0827579	Signature:	
Schedule of 2 nd Dose: 7 wks				
2 nd Dose	10/26/22	PFIZER		7106090
Vaccinator Name:		FLORENCE M. DART, RM, NPM Lic. No. 0055400	Signature:	

Our City, Our Home, Our Future

COVID - 19 VACCINATION CARD

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



Name: CHARLIE S. ANDAN Control No. 56-1065P2-0
 Sex: M
 Address: PATAG BAYDAY LEYTE
 Date of Birth: 3-9-94 Contact No. _____
 Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	1-27-22	PFIZER		FM2964
Vaccinator Name:		MAE P. BAGARINAO, RM, BSM Lic. No. 0142025	Signature:	

Our City, Our Home, Our Future