

COVID - 19 VACCINATION CARD

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



Control No. 67-0969-6624

Name: POGA JOE VIDAL

Sex: Male

Address: 168 A- Bonifacio St. Baybay City

Date of Birth: 02-23-1990

Contact No. 0915 068 9270

Place Administered: _____

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9/9/21	Pfizer		F00350
	Vaccinator Name: Jaica Joy R. Bacalso RM, BSM Lic. No. 0177213		Signature: 	
Schedule of 2nd Dose:				
2nd Dose	9/30/21	Pfizer		FF8279
	Vaccinator Name: Jaica Joy R. Bacalso RM, BSM Lic. No. 0177213		Signature: 	

Our City, Our Home, Our Future