

COVID - 19 VACCINATION CARD

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



Name: Dayandayan, Kristine L. Control No. 20-102610A-014 Sex: F

Address: Guadalupe, Baybay City

Date of Birth: 8/22/93 Contact No. _____

Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10.26.21	PFIZER		31060031
Vaccinator Name: <u>GINA D. ESPERANZA, RM,</u>			Signature: <u>[Signature]</u>	
Schedule of 2nd Dose: <u>AFTER 3 WEEKS</u> Lic. No. <u>0102015</u>				
2nd Dose		PFIZER		
Vaccinator Name: _____			Signature: _____	

Our City, Our Home, Our Future