

COVID - 19 VACCINATION CARD

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



Name: <u>HELMAR G. YONG</u>		Control No. <u>50-230-934</u>		
Address: <u>BRGY. MAYBOG BAYBAY CITY</u>		Sex: <u>M</u>		
Date of Birth: <u>04/01/91</u>		Contact No. <u>09275424182</u>		
Place Administered: BAYBAY GYM				
Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>10/5/21</u>	PFIZER		<u>FFB27A</u>
			Vaccinator Name: <u>MA. VISSIA G. CANO, RM, BCHS</u> Lic. No. <u>0034258</u>	
Schedule of 2nd Dose: <u>after 3wks</u>				
2nd Dose	<u>10-26-21</u>	PFIZER		<u>No 60 RM</u>
			Vaccinator Name: <u>Mae P. Bagarinao RM, B</u> Lic. No. <u>014207</u>	

Our City, Our Home, Our Future