

COVID - 19 VACCINATION CARD

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



Name: <u>Toni Mark L. Dargantes</u>		Control No. <u>17-191 821</u>		
Address: <u>Brgy. Gaas, Baybay City, Leyte</u>		Sex: <u>M</u>		
Date of Birth: <u>04-29-83</u>		Contact No. <u>69983286945</u>		
Place Administered: <u>Baybay Gym.</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	<u>2/10/22</u>	<u>Pfizer</u>		<u>FM2964</u>
	Vaccinator Name: <u>FLORITA M. BARIT, RM, MPM</u> <u>Lic. No. 0055400</u>		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future