

COVID - 19 VACCINATION CARD

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



Name: ISRAEL, EDDIE M. Control No. 22-III-495
Sex: Male
Address: Brgy. Hibunawan, Baybay City, Leyte
Date of Birth: Nov. 28, 1967 Contact No. 0916 145 4467
Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	10/26/21	PFIZER		71060110
Vaccinator Name: LOUILA T. HOYUMPA, RM, DSM			Signature: [Signature]	
Schedule of 2 nd Dose: AFTER 8 WEEKS				
2 nd Dose	11-11-21	PFIZER		P15924
Vaccinator Name: RHEA JANE C. CIABU			Signature: [Signature]	

Lic. No. 013735
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