COVID - 19 VACCINATION CARD

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

J4- 1005- AM104

Control No. _____

Name: JOY ANN A. CAÑETE Sex: F

Address: VSU / PANGASUGAN BAYBAY CITY

Date of Birth: 04-23-1996 Contact No. 09224631719

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10/5/21	PFIZER		FF8279
	Vaccinator Name:	GINA D. ESPERANZA, RM, Lic. No. 010201	Signature:	
Schedule of 2nd Dose:	AFTER 3 WEEKS			
2nd Dose	10-26-21	PFIZER		31060BD
	Vaccinator Name:	Mae P. Bagarinao RM, BS[illegible] Lic. No. 0142026	Signature:	

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