

10/80
11.11
34
4.05

4

COVID - 19 VACCINATION CARD

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



Name: <u>Nancy D. Abunda</u>		Control No. <u>54-1001-BUP</u>		
Sex: <u>F</u>				
Address: <u>USU, Brgy. Pangasinan Baybay City</u>				
Date of Birth: <u>04-05-1987</u>		Contact No. <u>09484147879</u>		
Place Administered: BAYBAY GYM				
Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>10-5-21</u>	PFIZER		<u>FF6279</u>
Vaccinator Name: <u>RHEA JANE C. CIABU, RM</u>		Signature: <u>[Signature]</u>		
Schedule of 2 nd Dose: <u>AFTER No. 30 WEEKS</u>				
2 nd Dose	<u>10-26-21</u>	PFIZER		<u>3106080</u>
Vaccinator Name: <u>Mae P. Bagarinao RM, BSM</u>		Signature: <u>[Signature]</u>		
Lic. No. <u>0147</u>				

Our City, Our Home, Our Future