

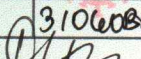
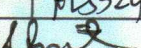
COVID - 19 VACCINATION CARD

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



KMC 23

Name: **VALERIE C. VALENZONA** Control No. **54-1025-**
Sex: **F**
Address: **BIGV. PANGASUGAN BAYBAY, LEYTE**
Date of Birth: **AUG. 05, 1994** Contact No. **09504441319**
Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	10/25/21	PFIZER		3106084
Vaccinator Name:		VERNA A. OMPOY, RM, BSM Lic. No. 0106272	Signature:	
Schedule of 2 nd Dose: After 3 weeks				
2 nd Dose	11/18/21	PFIZER		195324
Vaccinator Name:		FLORITA M. BARTI, RM, MPM Lic. No. 0055400	Signature:	

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