

COVID - 19 VACCINATION CARD

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



Name: <u>Policarpo C. Gumba Jr.</u>		Control No. <u>92-017-2721</u>		Sex: <u>Male</u>
Address: <u>Zone- 1, Baybay City</u>				
Date of Birth: <u>10/10/1958</u>		Contact No. <u>09674992911</u>		
Place Administered: <u>Baybay Gym.</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
Booster Shot	<u>5/4/22</u>	<u>Pfizer</u>		<u>PCA0029</u>
Vaccinator Name:		Signature: <u>[Signature]</u>		
FLORITA M. BARIT, RM, MPH				
Lic. No. 0055400				

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