

COVID - 19 VACCINATION CARD

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




18-026922-EVP01
Control No.

Name: DAVID WINSTON TABADA Sex: M

Address: Brgy. CADAS, BAYBAY CITY

Date of Birth: 01.12.1997 Contact No. 09173061659

Place Administered: BUNGA GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	8.4.22	PFIZER		FM2466
BOOSTER		Vaccinator Name: <u>JAZZJIN C. LICO, RN</u> Lic. No. 0828479	Signature: 	
Schedule of 2nd Dose:				
2nd Dose		Vaccinator Name:	Signature:	

Our City, Our Home, Our Future