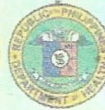


COVID - 19 VACCINATION CARD

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



Name: <u>STEPHEN JUNE P. SANTOS</u>		Control No. <u>48-178-1598</u>		Sex: <u>M</u>
Address: <u>MASLUG, BAYBAY CITY</u>				
Date of Birth: <u>06/26/1997</u>		Contact No. <u>0948 925 4984</u>		
Place Administered: BAYBAY GYM				
Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>10/15/21</u>	PFIZER		<u>PF8279</u>
	Vaccinator Name: <u>MILDRED G. ABADIEZ, RN, CP</u>		Signature: <u>[Signature]</u>	
Schedule of 2nd Dose: <u>After Lic. No. 0120710</u>				
2nd Dose	<u>10/26/21</u>	PFIZER		<u>710603D</u>
	Vaccinator Name: <u>FLORITA AL. SANTO, RN, MPH</u> LIC. No. 0055400		Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future

120/70

11:02

24

44

9:00