COVID - 19 VACCINATION CARD

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

Control No. 48-198-1595

Name: STEPHEN JUNE P. SANTOS Sex: M

Address: MASLOG, BAYBAY CITY

Date of Birth: 06/20/1997 Contact No. 0948 925 4984

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10/5/21	PFIZER		PF8279
	Vaccinator Name: MILDRED G. ABADIEZ, RN PCH		Signature:	
Schedule of 2nd Dose: After Lic. No. 0129715				
2nd Dose	10/26/21	PFIZER		7106030
	Vaccinator Name: FLORITA M. CHARLY, RN, MPH LIC. No. 0055400		Signature:	

Our City, Our Home, Our Future

120/70

11:02

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9:00