

COVID - 19 VACCINATION CARD

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



Name: Roger Rogne E. Dastamante Control No. 54-1003-BUP 10
Address: USM Mrs. Pangarungan Mantay City Sex: M
Date of Birth: 09-12-1997 Contact No. 09186 7522 52
Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	10/5/21	PFIZER		PF8279
Vaccinator Name:		MILDRED G. ABADIEZ, RM, BCHS	Signature:	
Schedule of 2 nd Dose: <u>AFTER 14 ic. 13. 01 WEEKS</u>				
2 nd Dose	16/26/21	PFIZER		21060120
Vaccinator Name:		Mae P. Bagarinao RM, BCHS Lic. No. 0142026	Signature:	

Our City, Our Home, Our Future