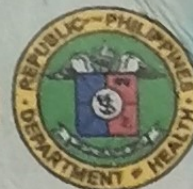


COVID - 19 VACCINATION CARD

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



Name: Rotsen B. Labisores Control No. 61-20-509 Sex: M

Address: Zone-5 Pob. Baybay City, Leyte

Date of Birth: 05-27-1994 Contact No. 09176225113

Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>10-5-21</u>	PFIZER		<u>PP 8229</u>
Vaccinator Name:		<u>HERCULES C. BALIAZAK, RM</u>	Signature: <u>[Signature]</u>	
Schedule of 2 nd Dose:		LIC. No. <u>0827579</u>		
2 nd Dose	<u>10-24-21</u>	PFIZER		<u>31060 BB</u>
Vaccinator Name:		<u>Mae P. Bagarinao RM, BS</u>	Signature: <u>[Signature]</u>	

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