COVID - 19 VACCINATION CARD

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

Control No. 54-1005-BLR22

Name: DANIEL C. LOR Sex: M

Address: PATAG. BAYBAY CITY

Date of Birth: 01/10/1986 Contact No. 0917 144 8307

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	10/5/21	PFIZER		FF8279
	Vaccinator Name: GINA D. ESPERANZA, RM, Lic. No. 0102015		Signature:	
Schedule of 2nd Dose: AFTER 3 WEEKS				
2nd Dose	10/26/21	PFIZER		3202180
	Vaccinator Name: FLORITA M. BARIT, RM, MPM Lic. No. 0055309		Signature:	

Our City, Our Home, Our Future