COVID - 19 VACCINATION CARD

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

Control No. 17-191-821

Name: Toni Marc L. Darogantes **Sex:** M

Address: Brgy Gaas Baybay City

Date of Birth: 04-29-83 **Contact No.** 09983286945

Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
2nd Booster Shot	9-9-22	PFIZER		FR2449
	Vaccinator Name: JAZZJIN C. LICO, RN Lic. No. 0828479		Signature:	

Our City, Our Home, Our Future