COVID - 19 VACCINATION CARD

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

20-1076-4660

Control No. ____

Name: Dhenber C. Lucanta Sex: M

Address: Brgy. Guadalupe Baybay City, Leyte

Date of Birth: 09-29-89 Contact No. 09468854676

Place Administered: CHO Baybay

Vaccine	Date	Product Name	Batch No.	Lot No.
Booster 1st Dose	8-09-22	Pfizer		FM2966
	Vaccinator Name: JIZZA P. DEGORIO,RM,BSM Lic.No.0244345		Signature:	
Schedule of 2nd Dose: After 4				
2nd Dose				
	Vaccinator Name:		Signature:	

Our City, Our Home, Our Future