

COVID - 19 VACCINATION CARD

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



Name: Jeffrey Lloyd Cagande Control No. 67-272-1143
Sex: M
Address: Zone 11, Baybay City
Date of Birth: 03/19/1981 Contact No. _____
Place Administered: Prince Baybay

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose				
	Vaccinator Name:		Signature:	
Schedule of 2 nd Dose:				
2 nd Dose BOOSTER	08-23-22	Pfizer		FR 2449
	Vaccinator Name: CONSUELO F. CALDOSA, RM, RN		Signature: <i>Chit</i>	

Our City, Our Home, Our Future