COVID - 19 VACCINATION CARD

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

Control No. _____

Name: Colis, Honey Sofia **Sex:** F

Address: Bray. Guadalupe, Baybay City, Leyte

Date of Birth: 04-25-67 **Contact No.** _____

Place Administered: LVOC Baybay City

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	05-30-23	Pfizer		36021 BD
Booster	Vaccinator Name: Ana Sheila Royo		Signature:	

Schedule of 2nd Dose:

2nd Dose				
	Vaccinator Name:		Signature:	

Our City, Our Home, Our Future