

COVID - 19 VACCINATION CARD

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



Name: Rementa J. Solis Control No. J4-210-1076
Sex: F
Address: Brgy. Pangasinan, Baybay City, Leyte
Date of Birth: 09-17-1961 Contact No. _____
Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
<u>1st</u> Booster Shot	<u>5-24-22</u>	<u>Pfizer</u>		<u>PCA0029</u>
Vaccinator Name:		Signature:		
FLORITA M. BARIT, RM, MPM Lic. No. 0055400				

Our City, Our Home, Our Future