COVID - 19 VACCINATION CARD

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

Control No. 54-0016J0A-018

Name: Mae Ann A. Bravo Sex: F

Address: VSU Baybay City

Date of Birth: 01-21-1994 Contact No. 09464729899

Place Administered: Baybay Gym

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose BOOSTER	2-02-22	Moderna		029K21A
	Vaccinator Name: FLORITA M. BARIT, RM, MPM Lic. No. 0055400		Signature:	
Schedule of 2nd Dose:		After 4 months		
2nd Dose BOOSTER	02-02-23	PFIZER		3W0210
	Vaccinator Name: FLORITA M. BARIT, RM, MPM Lic. No. 0055400		Signature:	

Our City, Our Home, Our Future