COVID - 19 VACCINATION CARD

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

Name: Remenita J. Solis Control No. 54-20-1096

Address: VSU Baybay City Sex: Female

Date of Birth: 9-17-1961 Contact No. 09953989128

Place Administered: CHO Bay Bay

Vaccine	Date	Product Name	Batch No.	Lot No.
2ND 1st Dose	9-23-22	PFIZER		PCA0046
BOOSTER	Vaccinator Name: JAZZJIN C. LICO, RN Lic. No. 0820479		Signature:	
Schedule of 2nd Dose:				
3RD 2nd Dose	8-10-23	PFIZER BIVALENT		GJ2554
BOOSTER	Vaccinator Name: FLORITA M. BARIT, RM, MPM PRC LIC. NO. 0955400		Signature:	

Our City, Our Home, Our Future