

# COVID - 19 VACCINATION CARD

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



Control No. 68-KMCO12-29

Name: CORAZON A. PADIWA Sex: F

Address: Brgy. MARCOS, BAYBAY CITY

Date of Birth: 7-26-1989 Contact No. \_\_\_\_\_

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
<u>Nt</u> Booster Shot	<u>6.7.22</u>	<u>MODERNA</u>		<u>2100680</u>
Vaccinator Name: <u>FLORITA M. BARIT, RM, MPM</u> <u>Lic. No. 0055400</u>			Signature: <u>[Signature]</u>	

Our City, Our Home, Our Future