

COVID - 19 VACCINATION CARD

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



Name: Fe M. Gabunada Control No. 54-313-1353
Sex: F
Address: VSU, Pangasugan Baybay City
Date of Birth: 01-13-1963 Contact No. 09088952436
Place Administered: CHO Baybay

Vaccine	Date	Product Name	Batch No.	Lot No.
2ND 1st Dose BOOSTER	8-10-22	PFIZER		FM2966
Vaccinator Name:		MARJORIE L. BALBARINO, RN		Signature:
Schedule of 2nd Dose:		Nurse II LIC # 0800270		
2nd Dose		Vaccinator Name:	Signature:	

Our City, Our Home, Our Future