COVID - 19 VACCINATION CARD

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





		1397	Control No. 97-	rm 407 k J
Name:	OSEPH	E. PADILLA		ex: M
Address:_	ZONE 1	2, BAIDAL C	414	
		7-1992 Contact		7728112
Place Administered: DA-IBA-y GYM				
				Sagar.
Vaccine	Date	Product Name	Batch No.	Lot No.
Ist Booster Shot	6.7.22	m od grna		2100480
	Vaccinator Name: FLORITA M.BARIT,RM,MPM LIC. No. 0055400		Signature	
		Our City, Our Home, Ou	r Future	