

COVID - 19 VACCINATION CARD

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



Name:	Erlinda S. Valenzona			
Address:	Brgy. Pating Bayside City, Luzon			
Date of Birth:	5-15-63	Contact No.	09 252500881	
Place Administered:	Prince Baybay			
Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	9-14-22	PP1ZEL		PCA0046
Booster		Vaccinator Name: Ann Rhea A. Celina, RN Lic. No. 0649263	Signature:	
Schedule of 2 nd Dose: After 4 months.				
2 nd Dose		Vaccinator Name:	Signature:	

Our City, Our Home, Our Future