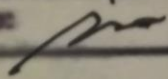
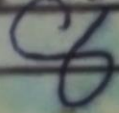


COVID - 19 VACCINATION CARD

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



Name: Christine Gany B. Cala Control No. 47-141551
Sex: Female
Address: Bray. Marcos
Date of Birth: 01-12-1997 Contact No. 0961 968 1412
Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>10/5/21</u>	PFIZER		<u>FP8279</u>
Vaccinator Name:		<u>HERCULES C. BALTACAR, II</u>	Signature: 	
Schedule of 2 nd Dose:		<u>AFTER 3 WEEKS</u>		
2 nd Dose	<u>12-21</u>	PFIZER		<u>7/06080</u>
Vaccinator Name:		<u>HERCULES C. BALTACAR, II</u>	Signature: 	

Our City, Our Home, Our Future