

COVID - 19 VACCINATION CARD

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



Name: Lucia M. Borines Control No. _____ Sex: F
Address: Pres. Candadam Baybay, city
Date of Birth: 1/22/60 Contact No. 09176574908
Place Administered: aym pangasugan

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>5/19/21</u>	<u>Astrazeneca</u>		<u>K903270</u>
Schedule of 2 nd Dose:				
2 nd Dose	<u>7-26-21</u>	<u>Astrazeneca</u>	<u>1210472</u>	

Vaccinator Name: MILDRED G. ABADIEZ, RN, BSN Signature: [Signature]

Vaccinator Name: MILDRED G. ABADIEZ, RN, BSN Signature: [Signature]

Our City: Baybay Our Home: 09176574908 Our Future