

COVID - 19 VACCINATION CARD

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



Name: Daniel C. Lor Control No. 16-1001 ELP 22
Sex: M
Address: Argy. Padag Baybay City
Date of Birth: 01-10-1986 Contact No. 09174448307
Place Administered: BAYBAY GYM.

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose 1st Dose	2/2/22	MODERNA		029K21A
Vaccinator Name:		Signature:		
Schedule of 2 nd Dose:		PRC Lic. No. 0838277		
2 nd Dose				
Vaccinator Name:		Signature:		

Our City, Our Home, Our Future