

# COVID - 19 VACCINATION CARD

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



Name: GELECA I. MARAÑAN Control No. 56-572-2437 Sex: F  
Address: GABAS, BAYBAY CITY  
Date of Birth: 06/27/1991 Contact No. 0935 933 1587  
Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	<u>10/5/21</u>	<b>PFIZER</b>		<u>FF8279</u>
		Vaccinator Name: <u>MILDRED G. ABADIEZ, RM, BCHS</u>	Signature:	
Schedule of 2 <sup>nd</sup> Dose:		<u>AFTER 3 WEEKS</u> Lic. No. <u>0120718</u>		
2nd Dose	<u>10/26/21</u>	<b>MARIA LUISA D. MATILLANO, RM</b>		<u>31060 BMD</u>
		Vaccinator Name: <u>MARIA LUISA D. MATILLANO, RM</u>	Signature:	

Our City, Our Home, Our Future