

COVID - 19 VACCINATION CARD

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



Control No. **56-1005-F1B06**

Name: **Antoinette S. Cruz** Sex: **F**

Address: **Barangay Putag Baybay City**

Date of Birth: **08-27-1989** Contact No. **0957 8000 520**

Place Administered: **BAYBAY GYM**

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	10-5-21	PFIZER		PP8279
Vaccinator Name:		HERCULES C. BALTAZAN, RN Lic. No. 0827579		Signature: <i>[Signature]</i>
Schedule of 2 nd Dose: <i>[Blank]</i>				
2 nd Dose	10/26/21	PFIZER		30600
Vaccinator Name:		MARILYN D. WHITELAND, RN Lic. No. 0115654		Signature: <i>[Signature]</i>

Our City, Our Home, Our Future