

COVID - 19 VACCINATION CARD

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



Name: Christopher R. Galgo Jr. Control No. SL - 1065 - ENPR Sex: Male

Address: Brgy. Putag, Baybay Leyte

Date of Birth: 01-23-1994 Contact No. 09632673532

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>10-5-21</u>	PFIZER		<u>FF8279</u>
Vaccinator Name: <u>MA. VISSIA G. CANO, RM, DCHS</u> Signature: <u>[Signature]</u>				
Schedule of 2 nd Dose: <u>21</u> <small>lic. No. 0034258</small> <u>days after</u>				
2 nd Dose	<u>10-21-21</u>	PFIZER		<u>9106090</u>
Vaccinator Name: <u>Mae P. Bagatiman RM, BS</u> Signature: <u>[Signature]</u>				
Lic. No. <u>014202</u>				

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