

# 

**COVID-19 Vaccination Card**



Full Name

**Taymaa Taymaa**

ID No.

**20202020**

Phone No.

## 76765735

Date of Birth **1997-10-04 00:00:00+00:00**

Country

**Lebanon**

City **Beirut**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Vaccine Date** | **Vaccine Name** | **Dose** |
| **2021-11-23 09:30:00+00:00** | **Pfizer - BioNTech** | **First Dose** |
| **2021-12-13 09:30:00+00:00** | **Pfizer - BioNTech** | **Second Dose** |

Copyright @ 2021. All rights reserved American University of Beirut Medical Center