



11 July 2021

Dr. Edgardo E. Tulin
President
Visayas State University

Thru: **Dr. Elwin Jay V. Yu**
Chief of USHER
Visayas State University

Dear **Dr. Tulin**:

Greetings!

The **Department of Meteorology** will be hosting a **benchmarking activity** to be conducted by **Iloilo Science and Technology University (ISAT U)** personnel. This is to help them conceptualize in making a proposal for the curriculum offering of BS Meteorology in their University. The following person will sit with us, on **Thursday, July 14, 2022**:

1. Dr. Bernadeth F. Ticar.
2. Dr. Alma Mae S. Torremoro,
3. Mr. Joemar D. Asorias,

Furthermore, they plan to have a courtesy call to VSU in the afternoon at 1:00 PM and for the benchmarking activity.

With this, we are respectfully asking for your approval allowing the following ISAT U personnel to enter the university premises. Also, attached herewith are their vaccination cards.

Hoping for your favorable response to this request.

Should you have any concerns or clarifications, please let us know.

Thank you very much.

Very truly yours,

CHARLIE S. ANDAN
Head, Department of Meteorology

Endorsed by:

JANNET C. BENCURE
Dean, CET

Recommending Approval:

ELWIN JAY V. YU M.D.
Chief of USHER

Approved by:

EDGARDO E. TULIN
President



TIGER Burwaldh T
Surname First Name M.I. Suffix

Address **Barangay Makini Plaza**

Date of Birth **9/6/1975** Contact No. **09177982455**

PhilHealth No. **11-025161513-6**

Category **A4**

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	7/16/21	SINOVAC	302000020	
		Vaccinator Name: GENIA T. GULLEN, RN Lic. No. 0051719		Signature: [Signature]
2nd Dose (Schedule: / /)	8/2/21	SINOVAC		
		Vaccinator Name: Florance H. Espinoza Phn. IV		Signature: [Signature]

Health Facility Name **CHD** Lot No. 0115423

Contact Number

HOTLINE NUMBERS
SOCIAL HYGIENE - 315-3031 • LAPAZ MATERNITY - 330-4181 • JARO I HEALTH CENTER - 321-0415
JARO 2 DISTRICT HEALTH CENTER - 315-3030 • AREVALO HEALTH CENTER - 325-2908
STO. ROSARIO HEALTH CENTER - 336-4642 • BO. OBRERO HEALTH CENTER - 330-3637
LAPAZ DISTRICT HEALTH CENTER - 325-0954 • MANDURRIAO HEALTH CENTER - 321-0414
MOLD HEALTH CENTER - 321-4523 • LVOC (Local Vaccination Operation Center) - 09278160786
ICER - 335-1554

BOOSTER

Torremero, Alon Mui S.
Surname First Name M.I. Suffix

Address **Jigbaun**

Date of Birth **9/5/71** Contact No.

PhilHealth No.

Category

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	1/1/21	PFIZER	PCAO029	
		Vaccinator Name: MARLOU D. RUCCIOAL DAN-AN Lic. No. 0054993		Signature: [Signature]
2nd Dose (Schedule: / /)	1/1			
		Vaccinator Name:		Signature:

COVID-19 Vaccination Card

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

Lot No. **5076001063**

Genito, Alon Mui S.
Surname First Name M.I. Suffix

Address **ATORIAN, TUGAYAN**

Date of Birth **9/3/1971** Contact No. **0998409134**

PhilHealth No.

Category **A1**

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	7/9/21	SINOVAC	12031	00036
		Vaccinator Name: MA RAYONA PERERA		Signature: [Signature]
2nd Dose (Schedule: / /)	8/6/21	SINOVAC	1201	00040
		Vaccinator Name: RAYONA PERERA		Signature: [Signature]

Health Facility Name **SOUTHERN ILOILO HEALTH ZONE** Contact No. 09452342635

ASORIAS, JOEMAR D
Surname First Name M.I. Suffix

Address **CABATUAN ILOILO**

Date of Birth **12-8-80** Contact No. **09073685496**

PhilHealth No. **11-025120232-2**

Category

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	6/18/21	SINOVAC	302000020	
		Vaccinator Name: Genia Grace B. Purollana, RN Lic. No. 0297342		Signature: [Signature]
2nd Dose (Schedule: / /)	7-15-21	SINOVAC		
		Vaccinator Name: GENIA D. TAN, RN		Signature: [Signature]

Health Facility Name

Contact Number

HOTLINE NUMBERS
SOCIAL HYGIENE - 315-3031 • LAPAZ MATERNITY - 330-4181 • JARO I HEALTH CENTER - 321-0415
JARO 2 DISTRICT HEALTH CENTER - 315-3030 • AREVALO HEALTH CENTER - 325-2908
STO. ROSARIO HEALTH CENTER - 336-4642 • BO. OBRERO HEALTH CENTER - 330-3637
LAPAZ DISTRICT HEALTH CENTER - 325-0954 • MANDURRIAO HEALTH CENTER - 321-0414
MOLD HEALTH CENTER - 321-4523 • LVOC (Local Vaccination Operation Center) - 09278160786
ICER - 335-1554

COVID-19 Vaccination Card

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

Lot No. **27478**

ASORIAS, JOEMAR D
Surname First Name M.I. Suffix

Address **CABATUAN, ILOILO, PHILIPPINES 5031**

Date of Birth **12-8-80** PhilHealth No. Contact No.

Category

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	1/12/21	MODERNA	L	068221A
		Vaccinator Name: Chris Anne L. Montañan, RN Lic. No. 002997		Signature: [Signature]
2nd Dose (Schedule: / /)	1/1			
		Vaccinator Name:		Signature:

Health Facility Name **CABATUAN RHU** Contact No. **522-86-14**