COVID-19 Vaccination Card

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

MAH ID No. [ ][ ]1-163

CAINGCOY | KIMBERLY | V. | Suffix

Surname | First Name | MI

Address BRGY. MALINAO, MAHAPLAG, LEYTE Contact No. 09121917205

Date of Birth 04-23-1995

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	1 1			
	Vaccinator Name		Signature	
2nd Dose (/ /)	7 12/1/21	JANSSEN (J&J)		212C21A
	Vaccinator Name	DALISAY R. RUFILA, RN Nurse III Lic. No. 0360222	Signature	

PLACE ADMINISTERED: MAHAPLAG MUNICIPAL GYMNASIUM COVID-19 BAKUNA CENTER