

COVID-19 Vaccination Card



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

ID No. **BEC - 5519**

Surname **Impas** First Name **Vic Angelo** Suffix **L.**
 Address **Salvation** **BASEY, SAMAR** Contact No. **09773607200**
 Date of Birth **10-29-03** PhilHealth No. **13-025381872-8** Category **A-4**

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	10/14/21	Sinovac		C2024087A
	Vaccinator Name	Emmanuel Archedo	Signature	
2nd Dose (Schedule: / /)	11/12/21	Sinovac		C202108170
	Vaccinator Name	LILIAN M. MORON	Signature	

Health Facility Name **BASEY MUNICIPAL HEALTH OFFICE** Contact No. **SMART - 09617499699**