

VACCINATION CARD

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

QUEZON CITY HEALTH DEPARTMENT

QC PROTEK TODO
SA BAKUNANG SIGURADO
QR CODE: 682664

COLIAT RAYMOND JES GRABADOR
Last Name First Name Middle Name Suffix

10-24-91 (M)
Date of Birth Sex PhilHealth No. Category

Dosage Seq	Date	Vaccine Manufacturer	Lot No.
1st	5/24/2021	NOVAC	B202104046
Dosage	Vaccinator Name: <i>Reynold Ann B. de Leon</i>	Registered Nurse PRC Lic. No.: 0638004	Signature: <i>[Signature]</i>
2nd	6/21/21	Simvac	C202105092
	Vaccinator Name: <i>Michael T. Aguinaldo RN</i>		Signature: <i>[Signature]</i>



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