COVID - 19 VACCINATION CARD

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

Control No. 5670-7740

Name: PERLIE A. GUCELA Sex: Female

Address: Brgy. PATAG, BAYBAY

Date of Birth: 8-15-1986 Contact No. 09298221297

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	9-22-21	SINOVAC		C202108170
	Vaccinator Name: HERCULES C. BALDAZAR, RN Lic. No. 0827679		Signature:	
Schedule of 2nd Dose: after 4 wks				
2nd Dose	10/23/21	SINOVAC		C202109179
	Vaccinator Name: MARIA LUISA D. MATILLANO, RM Lic. No. 0115659		Signature:	

Our City, Our Home, Our Future


REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
Unified Multi-Purpose ID
UMID
CRN - 0033-9514127-3
SURNAME
GUCELA
GIVEN NAME
PERLIE
MIDDLE NAME
AMPO
SEX F
DATE OF BIRTH 1986/08/15
ADDRESS
PATAG BAYBAY LEYTE PROVINCE
PHL 6521


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