

# COVID-19 Vaccination Card



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

ID No. **VSE 021**

Surname **CIRCULADO** First Name **ALMERA** M.I. **D.** Suffix  
 Address **PANGASUGAN BAYBAY** Contact No. **09510348334**  
 Date of Birth **03/23/97** PhilHealth No. \_\_\_\_\_ Category **E**

| Dosage Seq.                  | Date (mm/dd/yyyy) | Vaccine Manufacturer                      | Batch No.                    | Lot No.    |
|------------------------------|-------------------|---|------------------------------|------------|
| 1st Dose                     | 10/26/21          | Sinovac                                   |                              | C202109178 |
|                              |                   | Vaccinator Name <b>LONDON REBUCAS, RM</b> | Signature <b>[Signature]</b> |            |
|                              |                   | License No. <b>0173254</b>                |                              |            |
| 2nd Dose<br>(Schedule: / / ) | 11/23/21          | Sinovac                                   |                              | C202109178 |
| <b>After 4 wks</b>           |                   | Vaccinator Name <b>JAN ANA M. SALAR</b>   | Signature <b>[Signature]</b> |            |

Health Facility Name **VSU- GYM** Contact No. \_\_\_\_\_

Official DOH.gov.ph QR Code  
 (032) 8561-7800 loc. 1935  
 covid19vacc.gov.ph