COVID-19 Vaccination Card

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

ID No. 0 0 5 - 0 0 6

DECIO ROSEMARIE ALEJO -

Surname First Name M.I Suffix

Address Proper, Liberted, Kananga, Leyte Contact No. 0936-004-0874

Date of Birth 03/29/96 PhilHealth No. _____ Category A1

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose 01:40PM	08/16/21	ASTRAZENECA		PV4670
	Vaccinator Name	SHEANNA JEANE N. LIBRES, RN Lic. No. 0751554	Signature	
2nd Dose (Scheduled: 10:00 AM)	11/4/21	astrazeneca		AT039
	Vaccinator Name	AGAPE MAE C. BANCALE, RN PRC LIC # [illegible]	Signature	

Health Facility Name Kananga Municipal Health Office Contact No. 0930-7777-103

1st dose: SHEANNA JEANNE B. LIBRES, RN
Lic. No. 0751554
8/6/21 @ 01:40PM

2nd dose: AGAPE MAE C. BANCALE, RN
PRC LIC. # 0819333
11/04/21