

# COVID-19 Vaccination Card



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

ID No. 005-553

Surname **NABONG** First Name **KENNA** MJ **L.** Suffix  
 Address **POBLACION, KANANGA** Contact No. **09984648312**  
 Date of Birth **11/19/1997** PhilHealth No. **A4** Category **A4**

Dosage Seq.	Date	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose 10:57AM	8/19/21	ASTRAZENECA		PV46700
	Vaccinator Name	RESURRECCION G. CAPANAS, RN PRC License No. 0651864	Signature	
2nd Dose (schedule: / / ) 9:02AM	11/11/21	AstraZeneca		PW40026
	Vaccinator Name	Lira G. Segundo, RN Lic. No. 0541728	Signature	

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