

COVID - 19 VACCINATION CARD

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



Name: <u>Jemuel A. Ocañada</u>		Control No. <u>71-249-1478</u>		
Address: <u>Zone-15 Baybay City, Leyte</u>		Sex: <u>M</u>		
Date of Birth: <u>09-04-1992</u>		Contact No. <u>09751542160</u>		
Place Administered: <u>Baybay Gym</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>08/13/21</u>	<u>MODERNA</u>		<u>059021A</u>
Vaccinator Name: <u>FLORITA M. BARIT, RM, MPM</u>		Signature: <u>[Signature]</u>		
LIC. No. 0055400				
Schedule of 2 nd Dose:				
2 nd Dose	<u>9-10-21</u>	<u>Moderna</u>		<u>059021A</u>
Vaccinator Name: <u>RHEA JANE C. CHABU</u>		Signature: <u>[Signature]</u>		
Lic. No. <u>013736</u>				

Our City, Our Home, Our Future