COVID - 19 VACCINATION CARD

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

Control No. 20-361-1972

Name: FIDEL D. CABILLO Sex: male

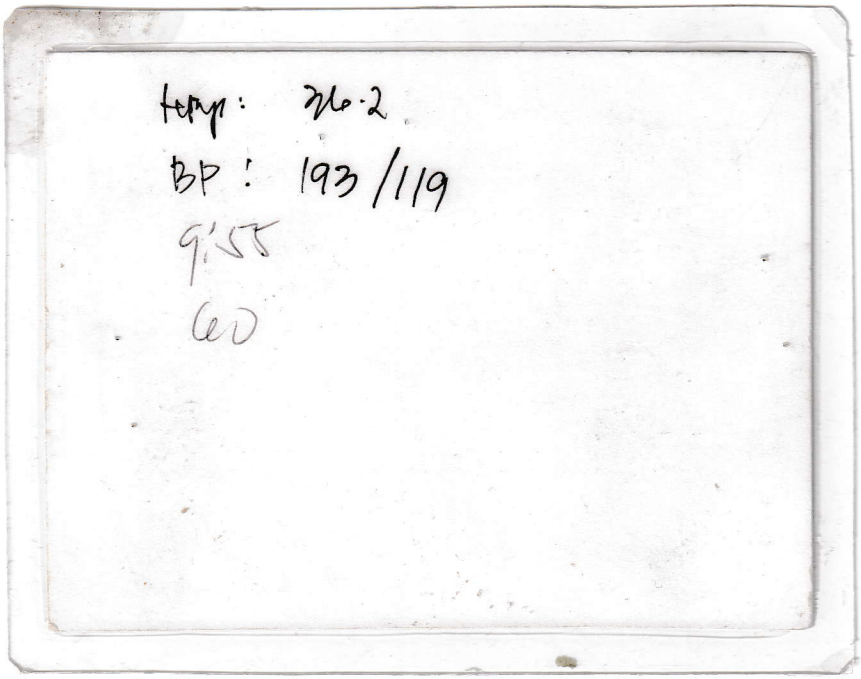
Address: Brgy. GUADALUPE, BAYBAY

Date of Birth: 02-06-1961 Contact No. 09453031401

Place Administered: PANGASUGAN GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	5/19/2021	Astrazeneca	ABV7279	
	Vaccinator Name: MAE BAGARINAO, RM		Signature:	
Schedule of 2nd Dose:	After 8 weeks			
2nd Dose	7-30-21	Astrazeneca	ABV7279	
	Vaccinator Name: Mae P. Bagarinao RM, BSM Lic. No. 0122026		Signature:	

Our City, Our Home, Our Future


temp: 36.2
BP: 193/119
9:55
GD