

COVID - 19 VACCINATION CARD

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



Name: <u>NOEL C. BUSTILLO</u>		Control No. <u>68-26-97</u>		
Sex: <u>M</u>				
Address: <u>ZONE 12 - BAYBAY CIM, LEYTE</u>				
Date of Birth: <u>AUG. 15, 1961</u>		Contact No. <u>0926 8465816</u>		
Place Administered: <u>PANGASUGAN GYM</u>				
Vaccine	Date	Product Name	Batch No.	Lot No.
1 st Dose	<u>05/19/21</u>	<u>REJNA ZENFCA</u>		<u>ABV7279</u>
Vaccinator Name: <u>MARIA LUISA D. MATILLANO, RM</u>		Signature: <u>[Signature]</u>		
Schedule of 2 nd Dose: <u>ASPIREN: 8 WEEKS</u>				
2 nd Dose	<u>7/28/21</u>	<u>ASTRA ZENCA</u>		<u>210052</u>
Vaccinator Name: <u>FLORITA M. BARIT, RM, NPM</u>		Signature: <u>[Signature]</u>		

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