

COVID-19 Vaccination Card



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

ID No. VSE 021

Surname: CIRCULADO First Name: ALMERA M.I: D. Suffix:
Address: PANGASUGAN BAYBAY Contact No: 09510348334
Date of Birth: 03/23/97 Phil-Health No: Category: E

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	10/26/21	Sinovac	202109178	
		Vaccinator Name: LENDON REBUCAS, RM	Signature: [Signature]	
		License No. 0179254		
2nd Dose (Schedule: / /) After 4 wks	/ /			
		Vaccinator Name:	Signature:	

Health Facility Name: VSU- GYM Contact No: