

COVID - 19 VACCINATION CARD

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



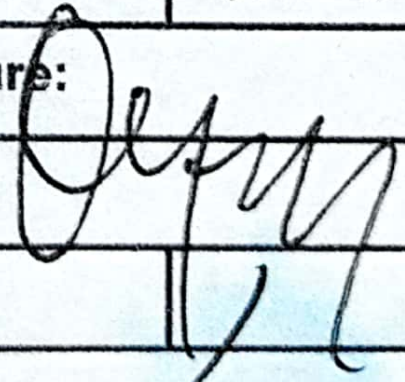
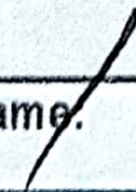
Control No. 97-605-268

Name: JHONAVEL R. CASTIL Sex: F

Address: MARCOS, BAYBAY CITY LEYTE

Date of Birth: 02/23/1995 Contact No. _____

Place Administered: CHO - BAYBAY

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	7-24-2021	JANSSEN		212021A
	Vaccinator Name: <u>VILMA A. OMPOY, RM, BSM</u> Lic. No. <u>0106272</u>		Signature: 	
Schedule of 2nd Dose:				
2nd Dose				
	Vaccinator Name: 		Signature: 	

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