COVID - 19 VACCINATION CARD

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

Control No. 97-605-21

Name: JHONAVEL R. CASTIL Sex: F

Address: MARCOS, BAY BAY CITY LEYTE

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

Place Administered: CHO - BAY BAY

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	7-29-2021	JANSSEN		212021A
	Vaccinator Name: VILMA A. OMPOY, RM, BSM Lic. No. 0106272		Signature:	
Schedule of 2nd Dose:				
2nd Dose				
	Vaccinator Name:		Signature:	

Our City, Our Home, Our Future