

COVID-19 VACCINATION CARD

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



CARD NO.: IN-01531

Gender: FEMALE

Age: 42y.o



RHU CONTACT NO.

09166001243

Name: LEMONS, SHEILA MARIE CORREA

Date of Birth: 15/06/1979

Address: BRGY. KILIM, BAYBAY CITY, LEYTE

Vaccine	Date	Product Name	Batch No.	Lot. No.
1 st Dose	07-26-2021	JANSSEN		212C21A
	Vaccinator Name: <u>PAMELA O. CERLOS</u>		Signature: <u>POC</u>	
2 nd Dose	NOTE: <u>THIS COVID-19 VACCINE IS A SINGLE DOSE INJECTION</u>			
	Vaccinator Name:		Signature:	

Inopacan Yes We Can!