

COVID - 19 VACCINATION CARD

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



Control No. 54-0819-F1B09

Name: MANUEL E. CASANGCAPAN

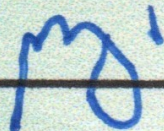
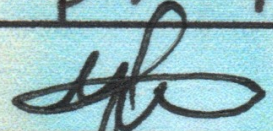
Sex: M

Address: WSU, BAYBAY CITY, WESTE

Date of Birth: 3/26/61

Contact No. 09368419211

Place Administered: PANGASUGAN GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1st Dose	5/19/21	ASTRAZENECA		AMV7279
	Vaccinator Name: MILDRON G. AMADIEZ		Signature: 	
Schedule of 2nd Dose: AFTER 6 WKS				
2nd Dose	7/28/21	Astrazeneca		21MT2
	Vaccinator Name: IMELDA F. ELMUNDO, RM, BCHS		Signature: 	

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