

# COVID - 19 VACCINATION CARD

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

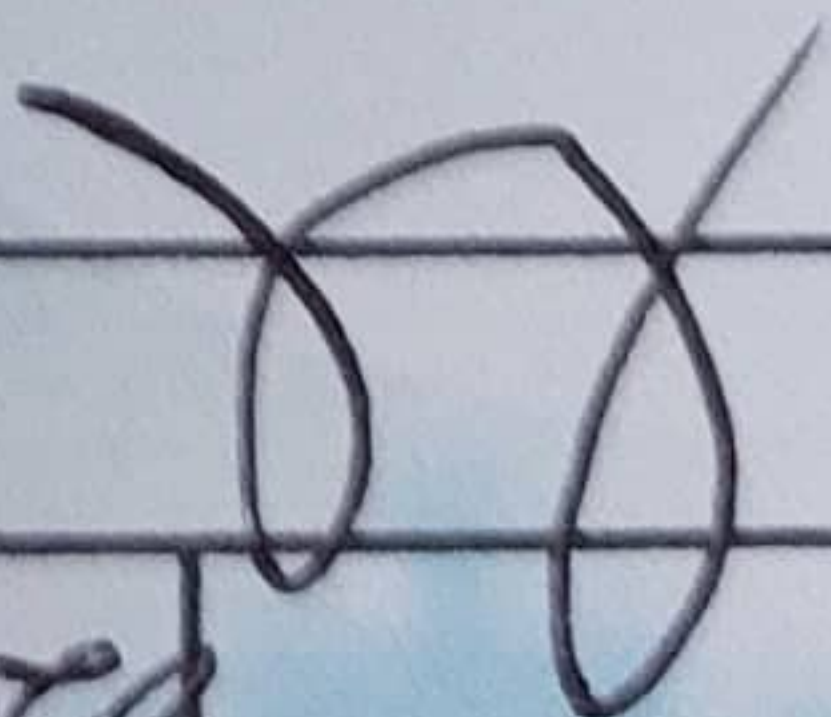
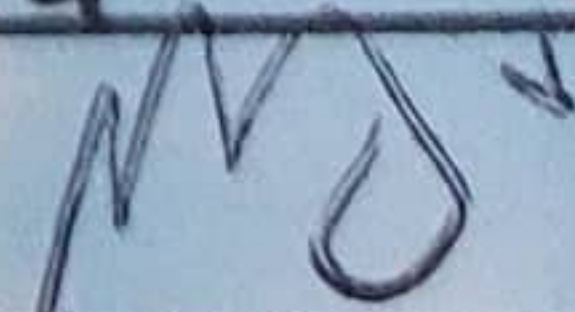


Name: YOLANDA D. MANGAOANG Control No. 54-0521-JPY003 Sex: F

Address: VSU BAYBAY CITY LEYTE

Date of Birth: 01-24-1959 Contact No. 09233757315

Place Administered: BAYBAY GYM

Vaccine	Date	Product Name	Batch No.	Lot No.
1 <sup>st</sup> Dose	5/21/21	Astrazeneca		ADV7779
	Vaccinator Name: AGNES T. COLACALYAN		Signature: 	
Schedule of 2 <sup>nd</sup> Dose: After 8 weeks				
2 <sup>nd</sup> Dose	7-26-21	Astrazeneca	L210074	
	Vaccinator Name: MILDRED G. ABADIEZ, RM, BCHS		Signature: 	

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