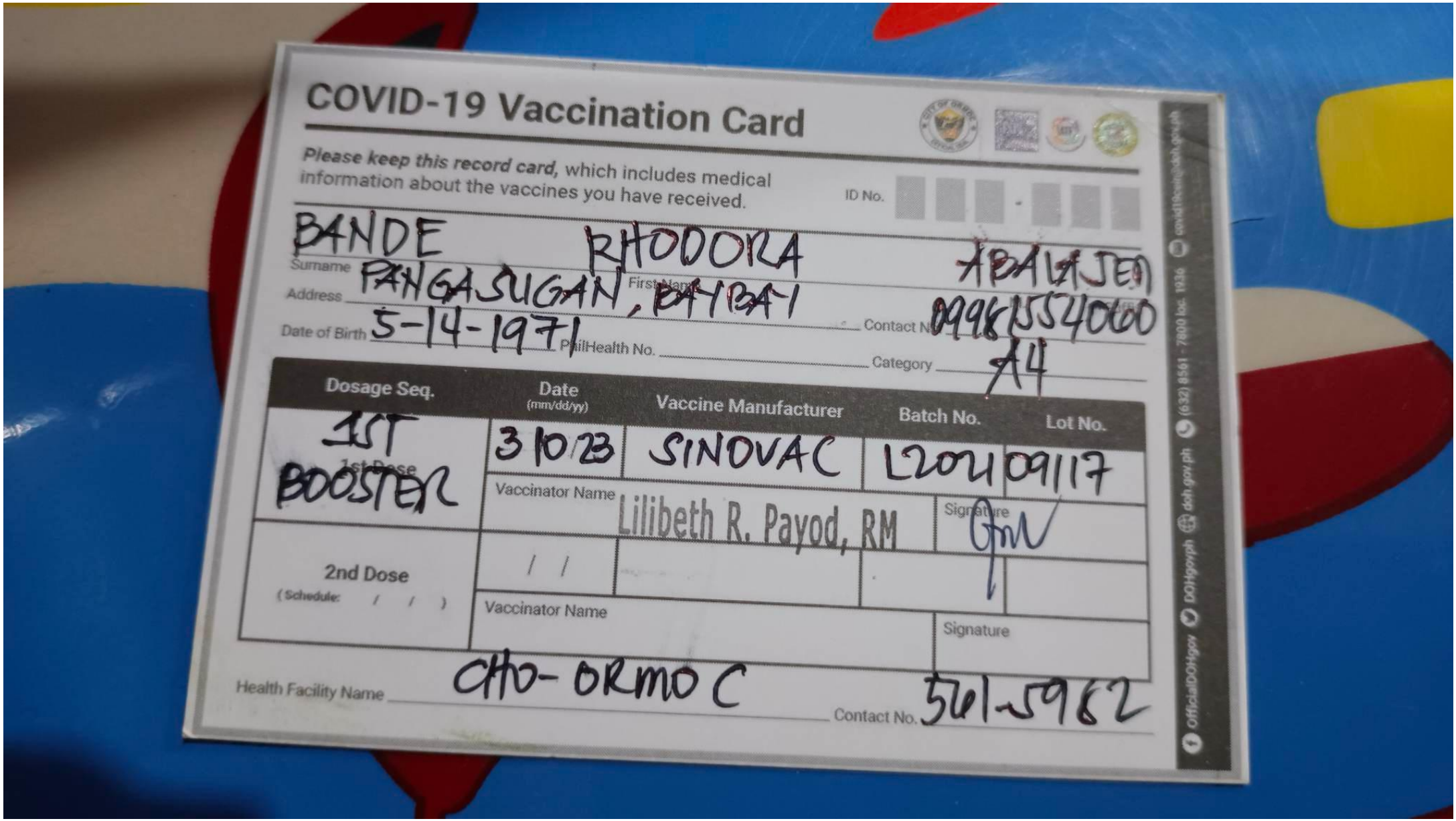

COVID-19 Vaccination Card

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

ID No.

Surname BANDE First Name RHODORA Middle Name ABALAJEN

Address PANGASUGAN, BAYBAY Contact No. 09961554060

Date of Birth 5-14-1971 PhilHealth No. Category A4

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1ST BOOSTER 1st Dose	3/10/23	SINOVAC	L2021	09117
	Vaccinator Name	Lilibeth R. Payod, RM	Signature	
2nd Dose (Schedule: / /)	/ /			
	Vaccinator Name		Signature	

Health Facility Name CHO-ORMOC Contact No. 561-5962

DOHgovph doh.gov.ph (632) 8651-7800 loc. 1236 ovid19vaccine.gov.ph