

COVID-19 Vaccination Card

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

CAÑEANA

EDRICK

014 RHU 00190
L.

Last Name

First Name

M.I.

Suffix

Address Poblacion 5 Alabat Quezon

Contact No. 09457190699

Date of Birth 2-12-2003

Sex M

PhilHealth No.

Category ROP

Vaccine 1		Vaccine 2	
1st Dose	10/20/21 SINOVAC		
	Vaccinator Name: [REDACTED]	Signature: [REDACTED]	
2nd Dose (October)	11/23/21 SINOVAC		
	Vaccinator Name: [REDACTED]	Signature: [REDACTED]	

Health Facility Name:

Alabat RHU

Contact No.:

09303490413

Scanned with CamScanner