Please keep this reco information about the			ID No.	A 9 -	8245
KAL MO Surname	JA Fire	NE st Name		L.	Suffix
Address LACASL	JAN 6	MINTIN	Contact N	000	401485
Date of Birth	PhilHealth N		Category		
Dosage Seq.	Date (mn/dd/yy)	Vaccine Manufactu	irer Bato	ch No.	Lot No.
1st Dose	Vaccinator Name	Mayer #1h		Signature	3
	10019	Uy ZIM	em	10	dlama
2nd Dose (Schedule: / /)	Vaccinator Name	eena Marie P.	Dela Cruz	Signature	11 1 499
	10111	Tic No: 09	922972	100 =	-0110
Health Facility Name	pt u - 18	4700	Contact No	633	9162