ase keep this card, which rmation about the vacci	Accination card h includes medical thes you have received.	No.
pabuillo	Doule	t the Films
ress _ Gwbona	of GI First Name	Contact No. ORU 371-2425
e of Birth 2-06 - 6	PhilHealth No.	Category Al
Dosage Seq.	Date Vaccine Manufacturer	Batch No. Lot No.
1	711121 SMOVAC	C-202/04060
1st Dose	Vaccinator Name UKW WECINE P SACA	Signature 241
2nd Dose	7 taly sinoval	Evol 06947
(Schedule: 7 - 797)	Vaccinator Name HAN A. Pule Lenx	
ith Facility Name/_		ntact No. 6363657
		made No.

OVID-19 Va	includes medical	IDN	10. A) 24	-46
exmation about the vacci		PARIEL	PERNANC	EL
ress QUESBA		rst Name PANG.	Contact No	M.I Suf 156 33 1 2213
	1994) PhilHealth N		Category	Al
OI BIRTI TO TO	T T FINITE and IN	10.	Category	
Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
Dosage Seq.	Date			Lot No.
	Date (mm/dd/yy)	Vaccine Manufacturer PFIZER Edilyn Escaño, RN		FMZqu
Dosage Seq.	Date (mm/dd/yy) ON 1/8/20	Vaccine Manufacturer	Batch No.	FMZqu