

T2021 08 DR No. 104108 19 Batch . Signature Signature SHERRY A. MURILLO-BALBIRAN, RN Vacqueyandenberse supervisor URBANETA DISTRICT MOSPITAL Manufacturer SINDVAC BALBIRAN Vaccinator Name: 0-K-2 (mm/dd/yy) Date 2nd Dose 1st Dose Dosage Seq.

M-Lameton Diet. Hoson Facility Name:

PHO/COH/MHO/CHO Contact No.: 829 5702 asso

Please keep this record card which includes Medical Information about the vaccines you have received

REGIONAL MEDICAL AND CONRADÓ F. ESTRELLA

BOOSTER SHOT TRAUMA CENTER

Vaccinator: C-Nobruwaik PFILER Batch/Lot #: 13072A Date: MAPLH 04, 1017 Vaccine Brand:

C HEALTH STANDARDS

uot ng Face Mask at Face Shield

Laging maghugas ng kamay 6

ugar at dumistansya sa Umiwas sa matataong mga tao nang higit sa sang metro 3



Takpan ang bibig at ilong gamit ang panyo o tissue bumabahing (cough kapag umuubo at etiquette) 4



0917-5743062 (GLOBE) / 0933-8138823 PHO COVID HOTLINE: