

COVID-19 Vaccination Form



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

Control No.:

R1MC-012314



ID No.:



DUZON Surname MARC BRYAN First Name O M.I. Suffix
Address 47 PROVINCIAL ROAD BAYAOAS URDANETA CITY PANGASINAN Contact No. 09653520235
Date of Birth 3/5/1995 PhilHealth No. Category Other Govt Workers

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	8/17/2021	SINOVAC		J202106037
	Vaccinator Name DARWIN QUINTO		Signature	
2nd Dose	10/17/2021	SINOVAC		C202109177
	Vaccinator Name CHRISTIAN PETER LUZADAS		Signature	

Health Facility Name Region I Medical Center Contact No. (075)-5158916