

COVID-19 Vaccination Card



ID No. _____

- Please keep this record card, which includes medical information about the vaccines you have received.
- Pakitago ang record card na ito, kung saan mababasa ang impormasyong medikal tungkol sa bakunang iyong naranggap.

Last Name Epacta First Name Rean Kim Middle Name A. Suffix _____

Address Lag-asaan Bago City Contact No. _____

Date of Birth 9.4.93 Sex M PhilHealth No. _____ Category A1

Dosage Seq.	Date (mm/dd/yy)	Vaccine Brand	Name of Vaccinator (with signature)	Batch No.	Lot No.
2nd Dose 1st Dose Booster	8/24/22	Pfizer	Jerose M. Media, RN License No. 0588438		PMS2966
2nd Dose	/ /				
Booster	/ /				

Health Facility Name CHO BAGO Facility Contact No. _____