

COVID-19 Vaccination Card



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

ID No.

Surname **Sugano**

Surname

First Name

Sarah Jean

Contact No.

09194436228

Address

Baubay D

Date of Birth

11/28/1992

PhilHealth No.

13-025155189-9

Category

Dosage Seq.

Date (mm/dd/yy)

Vaccine Manufacturer

Batch No.

Lot No.

1st Dose

4221

ASTRAZENECA | A1025 | 11/2021

Vaccinator Name

V. Stamin

Signature

[Signature]

2nd Dose

9/21/21

ASTRAZENECA | A1039 | 112021

(Schedule: / /)

Vaccinator Name

MONTE JOHANN BULO

Signature

[Signature]

Health Facility Name

DSPA FMC

Contact No.

501-1701