

COVID-19 Vaccination Record Card (Version 2.0)



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



GENOTIVA **ANGELIE** **E**
 Surname First Name M.I. Suffix
 Address: Rawis, Dulag, Leyte Contact No. : 09956386654
 Date of Birth: 10/11/1996 PhilHealth No. _____ Category: Teacher

Dosage Seq.	Date Given (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	09/23/21	Pfizer	FH2528	FH2528
	Vaccinator Name TANGPUZ, MARINELLE C.			Expiry Date 12/01/2021
2nd Dose	10/14/21	Pfizer	FH2528	FH2528
	Vaccinator Name DIOLA, CHARMAINE R.			Expiry Date 12/01/2021

Vaccination Site: DULAG COVID BAKUNA CENTER Contact No. : 09518026137/09060568020

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DulagCovid-19 Hotline: 09616804429 or 08778636524
 Vaccination Site: DULAG COVID BAKUNA CENTER