

COVID-19 Vaccination Card



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

ID No.

Surname: **ACOS** First Name: **JOEL REY** MI: **U.** Suffix: **U.**
 Address: **LINAO, ORMOG CUN** Contact No: **0956-916 1149**
 Date of Birth: **05-15-88** PhilHealth No: **13 0501259951** Category: _____

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	08/20/21	ASTRA ZENECA	A1025	112021
	Vaccinator Name: MENESES, DANMUEL T		Signature: <i>[Signature]</i>	
2nd Dose (Schedule: / /)	10/15/21	ASTRA ZENECA	A1039	112021
	Vaccinator Name: KING, MARINA CATRINA		Signature: <i>[Signature]</i>	

Health Facility Name: **OSP A - FMC** Contact No: **0561-1701**

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