

COVID-19 Vaccination Card



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

ID No.



Surname MINOZA First Name SUCANA Suffix B.
 Address BREY, CAN-ADIENG, O.C. Contact No. 09085584254
 Date of Birth 11/14/81 PhilHealth No. _____ Category ROP

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	<u>9/23/21</u>	<u>Pfizer</u>	<u>#H2528</u>	
	Vaccinator Name: <u>ERIKA SYDNEY P. PUGADO, RN</u> Lic. No. <u>0878924</u>		Signature: <u>[Signature]</u>	
2nd Dose (Schedule: / /)	<u>10/18/21</u>	<u>Pfizer</u>	<u>#H2528</u>	
	Vaccinator Name: <u>FRANCE DOLLY O. CABAUG, R.N.</u> Lic. No. <u>0152037</u>		Signature: <u>[Signature]</u>	

Health Facility Name _____

Lic. No. 0152037

Contact No. _____

