

# COVID-19 Vaccination Card



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

ID No.

Surname **BON CALON** First Name **JATHUA MUEL** M.I. **-** Suffix **-**  
 Address **P. 1 BRGY. GABULHAN, DC** Contact No. **0919952229**  
 Date of Birth **2/1/93** Phil-Health No. \_\_\_\_\_ Category \_\_\_\_\_

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	7/19/21	SINOVARC	2202106034	01124
	Vaccinator Name	JULIUS QUIRADO	Signature	
2nd Dose (Schedule: / / )	8/17/21	Sinovac		
	Vaccinator Name	RUTH M. ARINGAY	Signature	

Health Facility Name

**OSPA - FMC**

Contact No.