

COVID-19 Vaccination Card



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

ID No.

PF21 - 1206

MANADONG

MAUREN JOY

F.

Surname

DIPT TAC. CITY

First Name

MI

Suffix

Address

Contact No.

09088815362

Date of Birth

9-25-91

PhilHealth No.

Category

A4.2

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	10/20/21	PFIZER	FH	8773
	Vaccinator Name: Dolores Mae P. Pata-Yogin, RN Lic #: 0888279		Signature: [Signature]	
2nd Dose (Schedule: 11-11-21)	11/10/21	PFIZER	FIA	47752
	Vaccinator Name: CIELO N. JAMORA, RN, MAN License No. 0687782		Signature: [Signature]	

Health Facility Name

Tacloban City Health Office

Contact No.

0915-331-1319 AEFI