COVID-19 Vaccination Card

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

ID No. [ ][ ][ ] - [ ][ ][ ]

DAMPIOS, MARLON V.
Surname First Name M.I Suffix

Address TINAG-AN, ALBUERA Contact No.

Date of Birth 7/14/84 PhilHealth No. Category

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose BOOSTER	3/21/22	MODERNA		0626210
	Vaccinator Name: Ruby Ann M. Rom, RM, LMT, BSM		Signature:	
2nd Dose (Schedule / /)	/ /	Lic. No. 014366		
	Vaccinator Name		Signature	

Health Facility Name Contact No.

DOHgovph doh.gov.ph (632) 8651-7800 loc. 1934 covid19vax@doh.gov.ph officialDOHgov