COVID-19 Vaccination Card

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

ID: 1270264

Portugaliza | Harvie | P

Last Name | First Name | M.I | Suffix

Address Minglanilla, Cebu | Contact No. 09265537602

Date of Birth. 12/13/1988 | Sex Male | Philhealth No. 130001064763 | Category

DOSAGE SEQUENCE	DATE (MM/DD/YY)	VACCINE BRAND	BATCH NO.	LOT NO.	FACILITY NAME
1st DOSE	/ /				
2nd DOSE	/ /				
BOOSTER	5/6/22	PFIZER		FM2964	SM SUBASIDE

NAME OF VACCINATOR: Lalyn L. Catayas, R.N. | SIGNATURE: | DATE: MAY 06 2022

License No. 0726120

EMERGENCY HOTLINE 0969-220-2999 0928-934-7148 0926-826-[illegible] 411-[illegible]

doh.gov.ph (632)8651-7800 loc. 1935 covid19cair@doh.gov.ph DOHgovph OfficialDOHgov

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