

# COVID-19 Vaccination Card



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

ID No. 007-451

Surname GUARTE

First Name DONNA

M.I. M.

Address

CABULIHAN, MC

Contact No.

09215799499

Date of Birth

1/30/89

Philhealth No.

Category

A1-8

Dosage Seq.	Date	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	/ /			
2nd Dose	/ /			
Booster	1/28/22	PFIZER	FL5333	

Vaccinator Name

Signature

Vaccinator Name

Signature

Vaccinator Name

Leizel C. Segovia, RN

Signature

Health Facility Name: Maasin City - Gym

Contact No.: 0951910-5518