COVID-19 Vaccination Card

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

ID No. 660-165

DAIZ DEVIANNE JANE E.

Surname First Name M.I. Suffix

Address PANGASUGAN, DAIC AICHI Contact No. 09193490085

Date of Birth 1/19/89 PhilHealth No. _____ Category _____

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	9/15/21	AstraZeneca		A1074
	Vaccinator Name: EDWARD JOSEPH M. ALVARADO, RN		Signature	
2nd Dose (Schedule: / /)	11/11/21	ASTRAZENECA		A1074
	Vaccinator Name: BIENVENIDA Y. MONTENEGRO, RN License No. 0073650		Signature	

Health Facility Name CHO Contact No. 961-8982