



COVID-19 Vaccination Card

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

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

Surname: **BONIFE** ALAIN A.

Address: **P. 5 Praga Alta Vista, O.C.** Contact No. **09319701314**

Date of Birth: **09-30-83** PhilHealth No. _____ Category _____

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	2/20/21	MODERNA	019021A	
		Vaccinator Name: M. J. Geleran	Signature: [Signature]	
2nd Dose (Schedule: / /)	2/20/21	MODERNA	019021A	
		Vaccinator Name: SYDNEY P. PUGADO, RN	Signature: [Signature]	
Health Facility Name: CHO ORMOC		Contact No. 561-5992		

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