

# COVID-19 Vaccination Card



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

ID No. 007-451

GUARTE DONNA N.

Surname Mbuhliha, First Name M.C. Address Contact No. 0921 579 9499 Date of Birth 1/30/89 PhilHealth No. Category A1.8

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	7/29/21	JANSEN	212C21A	
	Vaccinator Name Consuelo Luna S. Tunday, RN, NP		Signature	
2nd Dose	1/	License No. 0776533		
(Schedule: 1 / 1)	Vaccinator Name		Signature	

Health Facility Name MAASIN CITY GYM Contact No. 0959105318