

# COVID-19 Vaccination Card



ID No.

ABD22.731

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

• Pailagang ang record card na ito, kung soon mababasa ang impormasyong medical tungkol sa bawatnang hyong notangkop.

Last Name

LOPEZ

First Name

NIKKI

Middle Name

S.

Suffix

Address

PARO VERTE

Contact No.

09052605227

Date of Birth

09/24/91

Sex

F

PhilHealth No.

Category

Dosage Seq

Date

Vaccine Brand

Name of Vaccinator

Batch No.

Lot No.

1st Dose

1/1

2nd Dose

1/1

Booster

1/10/22

ASTRA  
MARY JANE O. LOPEZ

84

ACB3340

License No. 0856452

Health Facility Name

PA

Facility Contact No.



Official Department of Health



Official Department of Health



(632) 8561 7800 • Local 1936



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