


COVID-19 Vaccination Card  ID No. **105-219**

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





Surname **Garces** First Name **Mark Louis** Middle Name **Lelis** Suffix

Address **Matapay** Contact No.

Date of Birth **1-21-97** Sex **M** PhilHealth No. Category **A4**

Dosage Seq.	Date (mm/dd/yy)	Vaccine Brand	Name of vaccinator or provider	Batch No.	Lot No.
Booster	3-2-22	Moderna	JADE RIZZA S. SRS, R.N.		061621A
Booster					

Health Facility Name **Rural Health Unit - Milagros** Facility Contact No.

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