COVID-19 Vaccination Card

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

Reg Num: 145192

SEMBLANTE — Last Name
OLIVER — First Name
D. — MI
Suffix

Address: SAN ANTONIO ST. LOUC M.C. Contact No.: 09228824646

Date of Birth: 11/7/1983 Sex: M Philhealth No.: _____ Category: A4

Dosage Seq.	Date	Vaccine Manufacturer	Batch No.	Lot No.
4th Dose UCO	8/31/22	PFIZER		FM2484
	Vaccinator Name: MICHAEL CARL P. LABASTIDA, RN		Signature:	
_____Dose	/ /	Lic. # 0652790		
	Vaccinator Name:		Signature:	
_____Dose	/ /			
	Vaccinator Name:		Signature:	

Health Facility Name: PARMAL Contact No.: _____

Emergency Hotlines