COVID-19 Vaccination Card

ID No.

• Please keep this record card, which includes medical information about the vaccines you have received.
• Pakitago ang record card na ito, kung saan mababasa ang impormasyong medikal tungkol sa bakunang iyong natanggap.

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Address _____ Contact No. _____

Date of Birth _____ Sex _____ PhilHealth No. _____ Category _____

Dosage Seq.	Date (mm/dd/yy)	Vaccine Brand	Name of Vaccinator (with signature)	Batch No.	Lot No.
1st Dose	/ /				
2nd Dose	/ /				
Booster No. ___	/ /				

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