

COVID-19 Vaccination Card



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

ID no.

MANALO **EMMANUEL** **BARRAMEDA**
 Last Name First Name M.I. Suffix
 Address **BRGY. STO. ANGEL** Contact No. **09162606048**
 Date of Birth. **04/03/2000** Sex **M** Philhealth No. _____ Category **A5**

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	07/02/21	Sinovac	C202109126	
	Vaccinator Name: Ralph Neilmar Pengsor		Signature:	
2nd Dose (Schedule: / /)	10/21/21	SINOVAC	B202109126	
	Vaccinator Name: W. DEL RIO		Signature:	

Health Facility Name: **SPCA** Contact No.: _____