

COVID-19 Vaccination Card



*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 mrdikal tungkol sa bakunang iyong natanggap.

Last Name: dev First Name: rich Middle Name: N/A Suffix: N/A
Address: Adams , 012801000Adams , 023100000Isabela , REGION II (CAGAYAN VALLEY) Contact No.: 9750744869
Date of Birth: 05/12/1990 Sex: F Philhealth No.: N/A Category: A1

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Brand	Name of Vaccinator	Batch No.	Lot No.
1st Dose	eZHealth platform was not used				
2nd Dose	02/21/2023	AstraZeneca	receptionist aks	a012131313	
1st Booster				-	
2nd Booster				-	

Health Facility Name(1st Dose):	<u>eZHealth platform was not used</u>	Facility Contact No.:	<u></u>
Health Facility Name(2nd Dose):	<u>Quezon City General Hospital</u>	Facility Contact No.:	<u></u>
Health Facility Name(1st Booster):	<u>-</u>	Facility Contact No.:	<u></u>
Health Facility Name(2nd Booster):	<u>-</u>	Facility Contact No.:	<u></u>

*To certify the authenticity of this document, please request the patient to show his or her eZHealth app to validate the information.