

COVID VACCINE INFO SHEET

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| KIND OF ID | |
| ID NUMBER | |
| PHILHEALTH ID | |
| LAST NAME | |
| FIRST NAME | |
| MIDDLE NAME | |
| BIRTHDAY | |
| COMPLETE ADDRESS | |
| GENDER | |
| CIVIL STATUS | |
| OCCUPATION | |
| EMPLOYER | |
| CONTACT NUMBER OF EMPLOYER | |
| PREGNANT | |
| ALLERGIES | |
| COMORBIDITIES OF PRESENT ILLNESS | |
| HYPERTENSION | |
| HEART DISEASE | |
| KIDNEY DISEASE | |
| DIABETES | |
| ASTHMA | |
| CANCER | |
| CELLPHONE NUMBER | |