**Vaccination Certificate**

|  |  |  |  |
| --- | --- | --- | --- |
| Code | XX | ID Card No. | XX |
| Name | XX | Date of birth | XX |
| Gender | XX | Mobile Phone | XX |
| Current Address | XX | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Vaccine | Dose | Date | Lot# | Manufacturer | Clinic |
| 1 | COVID-19 vaccine | 1 | XX | XX | XX | XX |
| 2 | COVID-19 vaccine | 2 | XX | XX | XX | XX |

Note: Please keep this certification well for verification.

Issued by: XX

Seal: Special Seal for XX of XX