

Certificate of SARS-CoV-2 vaccination

Information of the beneficiary:

Name: _____

Date of Birth:

SSN:

Vaccine information (first dose):

Name: _____

Serial number: _____

The vaccine was administered into:

right arm / left arm / right thigh / left thigh

Date of vaccination: _____

The date of the next vaccination: _____

The name and address of the healthcare service provider:

The signature and doctor's stamp of the responsible doctor:

Certificate of SARS-CoV-2 vaccination

Vaccine information (second dose):

Name: _____

Serial number: _____

The vaccine was administered into:

right arm / left arm / right thigh / left thigh

Date of vaccination: _____

The name and address of the healthcare service provider:

The signature and doctor's stamp of the responsible doctor:
