

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:**
