

# 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:

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Serial number:

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### **The vaccine was administered into:**

right arm / left arm / right thigh / left thigh

**Date of vaccination:**

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**The name and address of the  
healthcare service provider:**

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

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