VZORY OČKOVACÍCH CERTIFIKÁTŮ

BULHARSKO

MINISTRY OF HEALTH
OF THE REPUBLIC OF BULGARIA
МИНИСТЕРСТВО НА ЗДРАВЕОПАЗВАНЕТО
НА РЕПУБЛИКА БЪЛГАРИЯ

EU DIGITAL COVID CERTIFICATE
ЦИФРОВ COVID СЕРТИФИКАТ НА ЕС

BG

Relevant information can be found at
За повече информация вижте
reopen.europe.eu

According to the National Immunization Registry of the Republic of Bulgaria, this is to certify that the person has been vaccinated against
SARS CoV-2

Съгласно Националния имунизационен регистър на Република България, този сертификат удостоверява, че посоченото лице е ваксинирано срещу
SARS CoV-2

The vaccination course is
completed

Ваксинационният курс е
завършен

SURNAME / ФАМИЛИЯ
SURNAME
ФАМИЛИЯ

GIVEN NAMES / ИМЕНА
GIVEN NAMES
ИМЕ ПРЕЗИМЕ

DATE OF BIRTH (DD.MM.YYYY) / ДАТА НА РАЖДАНЕ (ДД.ММ.ГГГГ)
** ** ****

This certificate is not a travel document.
The scientific evidence on COVID-19 vaccination, testing and recovery continues to evolve, also in view of new variants of concern of the virus. Before travelling, please check the applicable public health measures and related restrictions applied at the point of destination.

Този сертификат не е документ за пътуване.
Научните доказателства във връзка с ваксинирането срещу COVID-19 все още се променят, включително във връзка с нови варианти на вируса. Моля информирайте се предварително за здравните мерки и свързаните с тях ограничения, които са в сила в държавата, към която пътувате.

The validity of this certificate can be verified at
his.bg/certificate

Валидността на този сертификат може да бъде проверена на

НАЦИОНАЛНА ЗДРАВНОИНФОРМАЦИОННА СИСТЕМА

UNIQUE CERTIFICATE IDENTIFIER / НОМЕР НА СЕРТИФИКАТА
01/BG/01234567890ABCDE#F

VACCINATION CERTIFICATE
СЕРТИФИКАТ ЗА ВАКСИНАЦИЯ

DISEASE OR AGENT TARGETED / ЗАБОЛЯВАНЕ ИЛИ ПАТОГЕН, ПРЕЗ КОЕТО СЕ ПОЛУЧАВА ЗАЩИТАТА
COVID-19

VACCINE PROPHYLAXIS / ВАКСИНА
COVID-19 Vaccines

ATC CODE / АТС КОД
J07BX03

1/1

VACCINE MEDICINAL PRODUCT / ТЪРГОВСКО НАИМЕНОВАНИЕ НА ВАКСИНАТА
****

VACCINE MARKETING AUTHORISATION HOLDER OR MANUFACTURER / ПРИТЕЖАТЕЛ НА РАЗРЕШЕНИЕТО ЗА ПУСКАНЕ НА ПАЗАРА/ПРОИЗВОДИТЕЛ
****

DATE OF VACCINATION (DD.MM.YYYY) / ДАТА НА ВАКСИНАЦИЯ (ДД.ММ.ГГГГ)
** ** ****

NUMBER IN A SERIES OF VACCINATIONS AND THE OVERALL NUMBER OF DOSES IN THE SERIES / ПОРЕДЕН НОМЕР НА ДОЗАТА И ОБЩ БРОЙ НА ДОЗИТЕ В СХЕМАТА
1/1

MS / МЗ

BG

CERTIFICATE ISSUER / ИЗДАТЕЛ НА СЕРТИФИКАТА

Ваксинационният курс е
завършен

The vaccination course is
completed

DÁNSKO

DANISH MINISTRY OF HEALTH

corona | covid-19

POLITI

Dokument ID / Document ID / ID de document
2105518

CORONAPAS / CORONA PASSPORT / PASSEPORT CORONA

COVID-19 VACCINATION
COVID-19 VACCINATION
VACCINATION COVID-19

DANMARK / DENMARK / DANEMARK

Efternavn / Surname / Nom
[redacted]

Fornavne / Given names / Prénoms
[redacted]

Fødselsdato / Date of birth / Date de naissance
[redacted]

Personnummer / Personal code number / Numéro d'identité
[redacted]

Køn / Sex / Sexe
[redacted]

Vaccination status / Vaccination status / Statut de la vaccination
>>VACCINERET<<

Vaccination mod / Vaccination against / Vaccination contre
SARS-CoV-2 (COVID-19)

Vaccine / Vaccine / Vaccin

PFIZER BIONTECH COVID-19 VACC	2021-04-19
PFIZER BIONTECH COVID-19 VACC	2021-05-12

Dansk

"VACCINERET" betyder, at borgeren er vaccineret mod COVID-19.

VED BRUG I DANMARK
Ved spørgsmål om brug af dette dokument i Danmark kontakt den myndighedsfælles coronahotline på +45 70 20 02 33.

VED BRUG I UDLANDET
Ved spørgsmål om brug af dokumentet i forbindelse med rejser til udlandet kontakt Udenrigsministeriet på +45 33 92 11 12.

English

"VACCINERET" means that the citizen is vaccinated against COVID-19.

WHEN USED IN DENMARK
If you have any questions about using this document in Denmark, please contact the joint corona hotline on +45 70 20 02 33.

WHEN USED ABROAD
For questions about using the document in connection with travel abroad, contact the Ministry of Foreign Affairs on +45 33 92 11 12.

Français

"VACCINERET" signifie que le citoyen est vacciné contre COVID-19.

LORSQU'IL EST UTILISÉ AU DANEMARK
Si vous avez des questions sur l'utilisation de ce document au Danemark, veuillez contacter la hotline commune corona au +45 70 20 02 33.

LORSQU'IL EST UTILISÉ À L'ÉTRANGER
Pour toute question relative à l'utilisation du document dans le cadre d'un voyage à l'étranger, contactez le ministère des Affaires étrangères au +45 33 92 11 12.

sundhed.dk

ESTONSKO

DISEASE OR AGENT TARGETED
MILLE VASTU IMMUNISEERITI
БОЛЕЗНЬ, ПРОТИВ КОТОРОЙ ВАКЦИНИРОВАЛИ
Covid-19

VACCINE/PROPHYLAXIS
TOIMEAINED
ТИП ВАКЦИНЫ
covid-19 vaccine

VACCINE MEDICINAL PRODUCT
IMMUUNPREPARAAT
ПРЕПАРАТ
Comirnaty

MARKETING AUTHORIZATION HOLDER
MÜÜGILOA HOIDJA
ДЕРЖАТЕЛЬ ТОРГОВОЙ ЛИЦЕНЗИИ
BioNTech Manufacturing GmbH

NUMBER IN A SERIES OF VACCINATIONS
MANUSTAMISE KORDSUS
КОЛИЧЕСТВО ВВЕДЕНИЙ
2 out of 2 doses
kaks doosi kahest
обе дозы из двух

VACCINATION STATUS
IMMUNISEERIMISE SEIS
СТАТУС ИММУНИЗАЦИИ
Completed
Lõpetatud
Завершено

DATE OF VACCINATION
IMMUNISEERIMISE KUUPÄEV
ДАТА ВАКЦИНАЦИИ
2021-05-08

COUNTRY OF VACCINATION
RIIK, KUS IMMUNISEERITI
СТРАНА ВАКЦИНАЦИИ
EE

Health and Welfare Information Systems Centre
Tervise ja Heaolu Infosüsteemide Keskus
Центр информационных систем здравоохранения и социального обеспечения

HELPDESK
KASUTAJATUGI
СЛУЖБА ПОДДЕРЖКИ
+372 7943 943
abi@tehik.ee

VACCINATION CERTIFICATE
IMMUNISEERIMISE TÕEND
СПРАВКА О ВАКЦИНАЦИИ

CERTIFICATE ID
01/EE/TIS/VO - - - - - - -6RT#H
TÕENDI NR · НО ДОКАЗАТЕЛЬСТВО

PERSON NAME — PEREKONNA- JA EESNIMI · ФАМИЛИЯ И ИМЯ

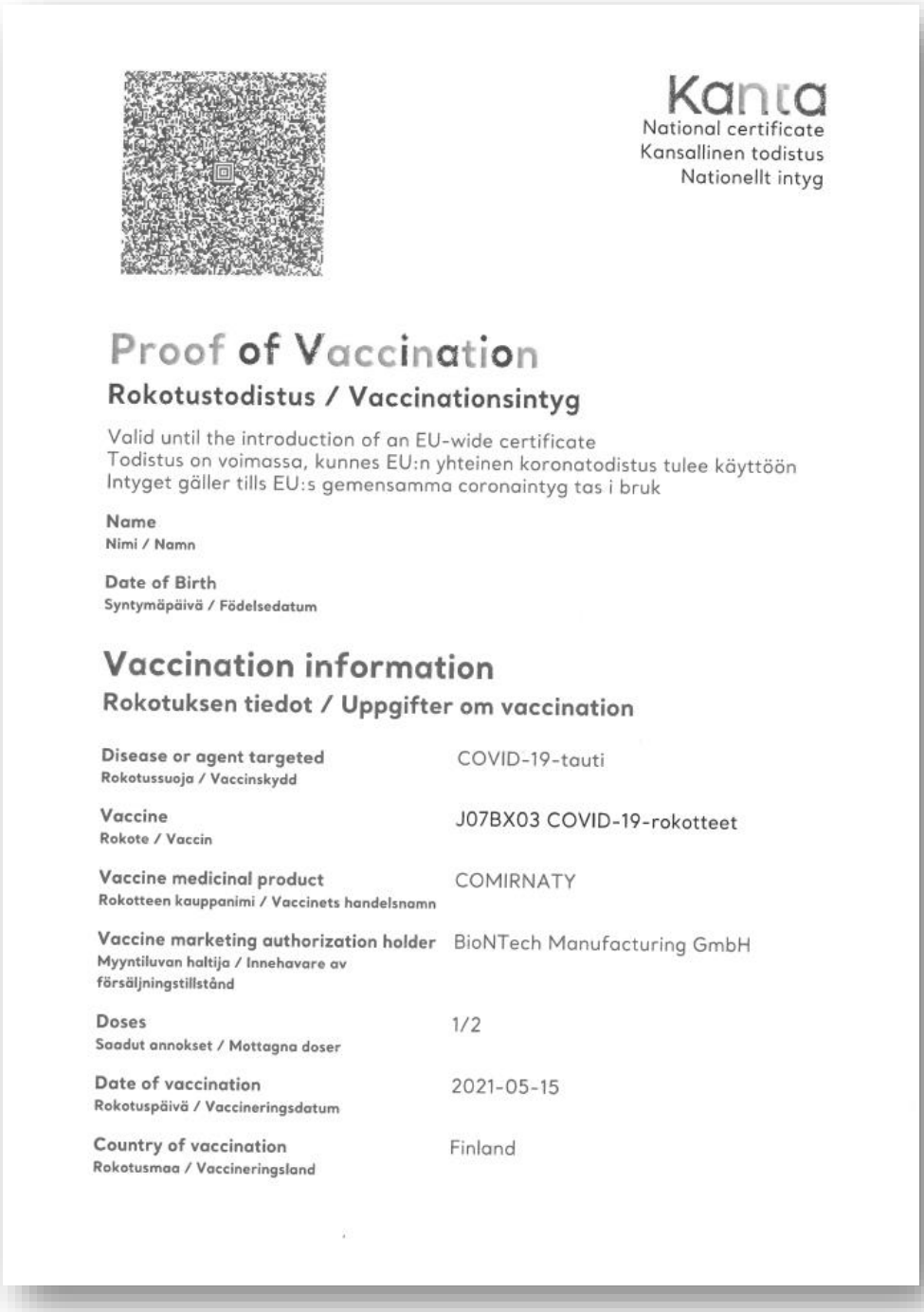
PERSON IDENTIFIER — ISIKUKOOD · ЛИЧНЫЙ КОД

PERSON DATE OF BIRTH — SÜNNIAEG · ДАТА РОЖДЕНИЯ

Estonian Health Information System
Tervise Infosüsteem
Инфосистема здоровья

CERTIFICATE ISSUER
TÕENDI VÄLJASTAJA
ДОКАЗАТЕЛЬСТВО ВЫДАНО

FINSKO



Kanta
National certificate
Kansallinen todistus
Nationellt intyg

Proof of Vaccination

Rokotustodistus / Vaccinationsintyg

Valid until the introduction of an EU-wide certificate
Todistus on voimassa, kunnes EU:n yhteinen koronatodistus tulee käyttöön
Intyget gäller tills EU:s gemensamma coronaintyg tas i bruk

Name
Nimi / Namn

Date of Birth
Syntymäpäivä / Födelsedatum

Vaccination information

Rokotuksen tiedot / Uppgifter om vaccination

Disease or agent targeted Rokotussuoja / Vaccinskydd	COVID-19-tauti
Vaccine Rokote / Vaccin	J07BX03 COVID-19-rokotteet
Vaccine medicinal product Rokotteen kauppanimi / Vaccinets handelsnamn	COMIRNATY
Vaccine marketing authorization holder Myyntiluvan haltija / Innehavare av försäljningstillstånd	BioNTech Manufacturing GmbH
Doses Saadut annokset / Mottagna doser	1/2
Date of vaccination Rokotuspäivä / Vaccineringsdatum	2021-05-15
Country of vaccination Rokotusmaa / Vaccineringsland	Finland

FRANCIE

MINISTÈRE
DES SOLIDARITÉS
ET DE LA SANTÉ

Liberté
Égalité
Fraternité

Vaccin COVID-19
SE VACCINER, SE PROTÉGER

Attestation de vaccination Covid-19

Cette attestation administrative est compatible avec "Tous anti-Covid", elle est susceptible d'évoluer dans son contenu pour s'ajuster aux normes Européennes.

Nom **DUPONT**
Prénom **PAUL**
Date de naissance **01/01/1951**

Vaccin : **Pfizer/BioNTech - COMIRNATY**
Rang de la dernière injection effectuée : **2**
Date de dernière injection effectuée : **30/04/2021**
État de Vaccination : **Terminé**

2D-DOC

Flashez pour ajouter
dans Tous AntiCovid

Ce document est personnel et non transférable.
Il est délivré en application du décret n° 2020-1690 du 25 décembre 2020 autorisant la création d'un traitement de données à caractère personnel relatif aux vaccinations contre la covid-19.
Conformément aux dispositions relatives à la protection des données personnelles, vous disposez d'un droit d'accès, de rectification et de limitation aux données qui vous concernent, ainsi que d'un droit d'opposition sur une partie du traitement. Ces droits s'exercent auprès du Directeur de votre caisse d'assurance maladie de rattachement en contactant le ou la délégué(e) à la protection des données. Pour en savoir plus sur le traitement de vos données, rendez-vous sur le site d'information ameli.fr (https://www.ameli.fr/mention-information-si-vaccin-covid)
La loi rend passible d'amende et/ou d'emprisonnement quiconque se rend coupable de fraudes ou de fausses déclarations (articles 441-1 et svts du Code Pénal).
En outre, la falsification ou l'établissement de faux documents, ainsi que l'utilisation de tels documents sont passibles d'une pénalité financière aux titres des articles L. 162-1-14 du code de la Sécurité Sociale.

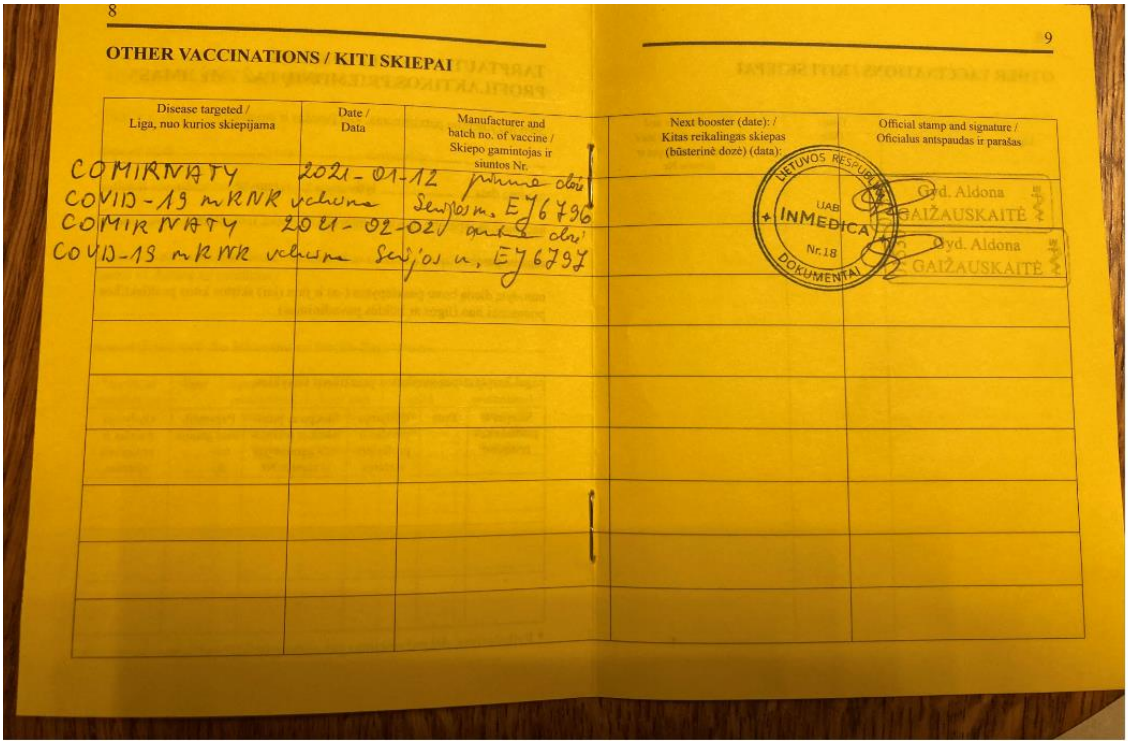
msa santé famille retraite services

l'Assurance Maladie

CHORVATSKO


EU Digital
COVID Certificate
EU digitalna
COVID potvrda
HR
Surname(s) and forename(s)
Prezime (prezimena) i ime (imena)
XXXXXXX
Date of birth
Datum rođenja
XXXXXX
Unique certificate identifier
Jedinstveni identifikator potvrde
XXXXXXXXXXXXXXX
Republika Hrvatska
Ministarstvo zdravstva
Vaccination Certificate
Potvrda o cijepljenju
Disease or agent targeted
Bolest ili agens na koji se cilja
Vaccine/prophylaxis
Cjepivo/profilaksa
Vaccine medicinal product
Naziv lijeka
Vaccine marketing authorisation holder or manufacturer
Nositelj odobrenja za stavljanje cjepiva u promet ili proizvođač cjepiva
Number in a series of vaccinations/doses and the overall number of doses in the series
Broj primljenih cijepiva/doza u odnosu na potreban broj
Date of vaccination
datum cijepljenja, uz naznaku datuma posljednje primljene doze
Member State of vaccination
Država članica cijepljenja
Certificate issuer
Izdavatelj potvrde

LITVA

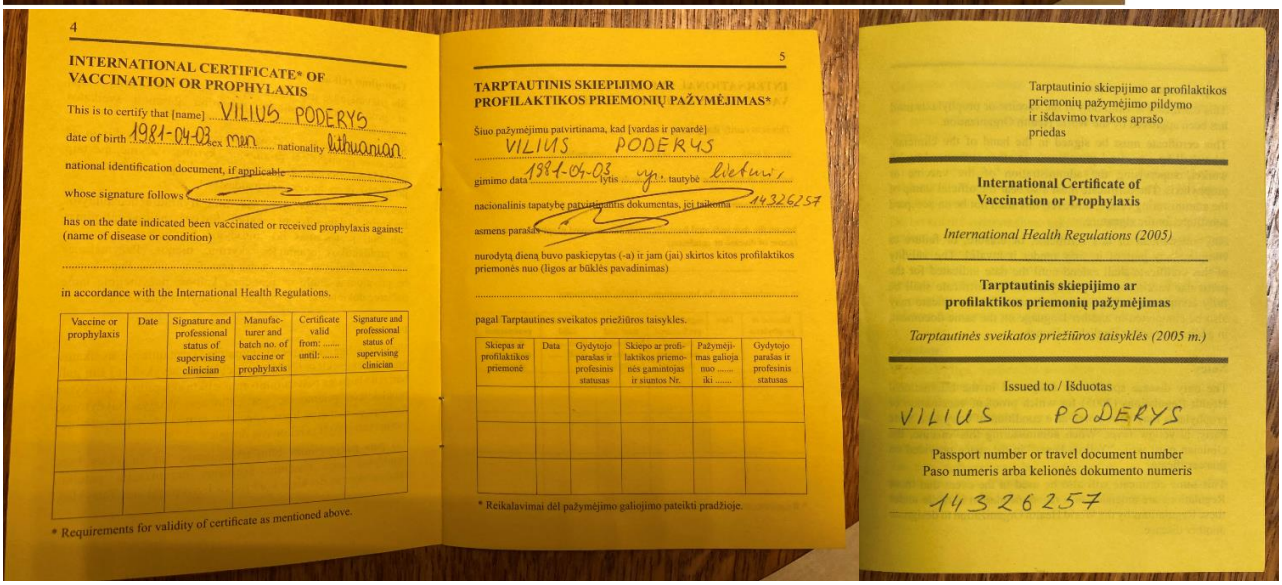


8

OTHER VACCINATIONS / KITI SKIEPAI

Disease targeted / Liga, nuo kurios skiepijama	Date / Data	Manufacturer and batch no. of vaccine / Skiepo gamintojas ir siuntos Nr.	Next booster (date): / Kitas reikalingas skiepas (būsterinė dozė) (data):	Official stamp and signature / Oficialus antspaudas ir parašas
COMIRNATY COVID-19 mRNK vakcina	2021-01-12	pirmine dozė Serijos nr. EJ6796		Gyd. Aldona GAIŽAUSKAITĖ
COMIRNATY COVID-19 mRNK vakcina	2021-02-02	antra dozė Serijos nr. EJ6797		Gyd. Aldona GAIŽAUSKAITĖ

LIETUVOS RESPUBLIKA UAB INMEDICA Nr.18 DOKUMENTAI



4

INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] VILIUS PODERYS

date of birth 1981-04-03 sex man nationality lithuanian

national identification document, if applicable

whose signature follows

has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition)

in accordance with the International Health Regulations.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch no. of vaccine or prophylaxis	Certificate valid from: ..... until:	Signature and professional status of supervising clinician

* Requirements for validity of certificate as mentioned above.

5

TARPTAUTINIS SKIEPIJIMO AR PROFILAKTIKOS PRIEMONIŲ PAŽYMĖJIMAS*

Šiuo pažymėjimu patvirtinama, kad [vardas ir pavardė]

VILIUS PODERYS

gimimo data 1981-04-03 lytis vyr. tautybė lietuvi,

nacionalinis tapatybę patvirtinantis dokumentas, jei taikoma 14326257

asmens parašas

nurodytą dieną buvo paskiepytas (-a) ir jam (jai) skirtos kitos profilaktikos priemonės nuo (ligos ar būklės pavadinimas)

pagal Tarptautines sveikatos priežiūros taisykles.

Skiepas ar profilaktikos priemonė	Data	Gydytojo parašas ir profesinis statusas	Skiepo ar profilaktikos priemonės gamintojas ir siuntos Nr.	Pažymėjimas galioja nuo ..... iki	Gydytojo parašas ir profesinis statusas

* Reikalavimai dėl pažymėjimo galiojimo pateikti pradžioje.

Tarptautinio skiepijimo ar profilaktikos priemonių pažymėjimo pildymo ir išdavimo tvarkos aprašo priedas

International Certificate of Vaccination or Prophylaxis

International Health Regulations (2005)

Tarptautinis skiepijimo ar profilaktikos priemonių pažymėjimas

Tarptautinės sveikatos priežiūros taisyklės (2005 m.)

Issued to / Išduotas

VILIUS PODERYS

Passport number or travel document number
Paso numeris arba kelionės dokumento numeris

14326257

LOTYŠSKO

APLIECINĀJUMS PAR PERSONAS VAKCINĀCIJU PRET COVID-19
CERTIFICATE OF VACCINATION AGAINST COVID-19 IN LATVIA

VĀRDS, UZVĀRDS
NAME, SURNAME
_____
—

DZIMŠANAS DATUMS (dd/mm/gggg)
DATE OF BIRTH (dd/mm/yyyy) _____/_____/_____

LV PERSONAS KODS
LV PERSONAL CODE _____–_____

VAKCĪNAS NOSAUKUMS
NAME OF VACCINE _____

VAKCĪNAS SĒRIJAS NR.
SERIAL NUMBER _____

VAKCINĀCIJAS STATUSS □ UZSĀKTA □ PABEIGTA
STATUS IN VACCINATION STARTED COMPLETED

VAKCINĀCIJAS DATUMS (dd/mm/gggg)
DATE OF VACCINATION (dd/mm/yyyy)
1.DEVA
1st DOSE _____/_____/_____
2. DEVA (ja 2.deva ir nepieciešama)
2nd DOSE _____/_____/_____ (when 2nd dose is required)

APLIECINĀJUMA IZSNIEGŠANAS DATUMS (dd/mm/gggg)
CERTIFICATE ISSUE DATE (dd/mm/yyyy)
_____/_____/_____

ĀRSTNIECĪBAS IESTĀDES NOSAUKUMS
NAME OF HEALTHCARE INSTITUTION
_____

ĀRSTNIECĪBAS PERSONA
HEALTHCARE PROVIDER
_____
(specialitāte, vārds, uzvārds)
(speciality, name, surname)

_____
(paraksts)
(signature)

_____
ārstniecības iestāde var papildināt veidlapu ar citu nepieciešamo informāciju
the healthcare institution may supplement the form with other necessary information"

LUCEMBURSKO

LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé

Direction de la santé

Certificat de vaccination contre COVID-19
Certificate of vaccination against COVID-19

Nom : [redacted]
Name

Prénom : [redacted]
First name

Numéro d'identification : [redacted]
Identification number

Sexe : M
Sex

Date de naissance : [redacted]
Date of birth

Date d'émission du certificat : 03/05/2021 17:26
Date of certificate

Date de la dernière vaccination : 03/05/2021 17:26
Last vaccination date

Date de vaccination *Vaccination date*	Vaccin *Vaccine*	Lot *Lot*	Dose n° *N° of dose*	Lieu de vaccination *Place of vaccination*	Administré par *Administered by*
03/05/2021 17:26	COVID-19 Vaccine (Moderna)	3001654	Première dose	Centre de vaccination Victor Hugo - Limpertsberg	Nathalie Dany Alexandra Toussin

Nombre de doses nécessaires : 2
Number of doses required :

Nombre de doses administrées : 1
Number of doses administrated

Le prochain rendez-vous de vaccination est prévu le 31/05/2021 17:20.
The next vaccination appointment is scheduled for 31/05/2021 17:20.

Dr. Jean-Claude Schmit
Directeur de la santé,

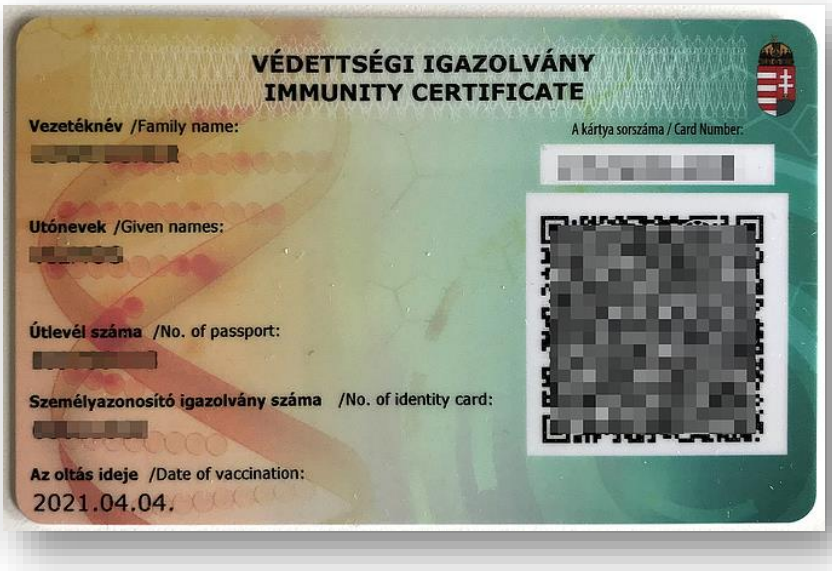
Vérifiez l'authenticité du document avec GouvCheck
Überprüfen Sie die Echtheit des Dokumentes mit GouvCheck
Iwwerpréift d'Echtheet vum Dokument mat GouvCheck

GouVCheck App Store Google Play

Direction de la santé | 13a rue de Bitbourg, L-1273 Luxembourg
Téléphone : (+352) 247 - 65533 | helpdesk-vaccination@ms.etat.lu | https://sante.public.lu

1977070600539

MAĎARSKO


VÉDETTSÉGI IGAZOLVÁNY
IMMUNITY CERTIFICATE
Vezetéknév /Family name:
A kártya sorszáma / Card Number:
Utónevek /Given names:
Útlevél száma /No. of passport:
Személyazonosító igazolvány száma /No. of identity card:
Az oltás ideje /Date of vaccination:
2021.04.04.

NĚMECKO

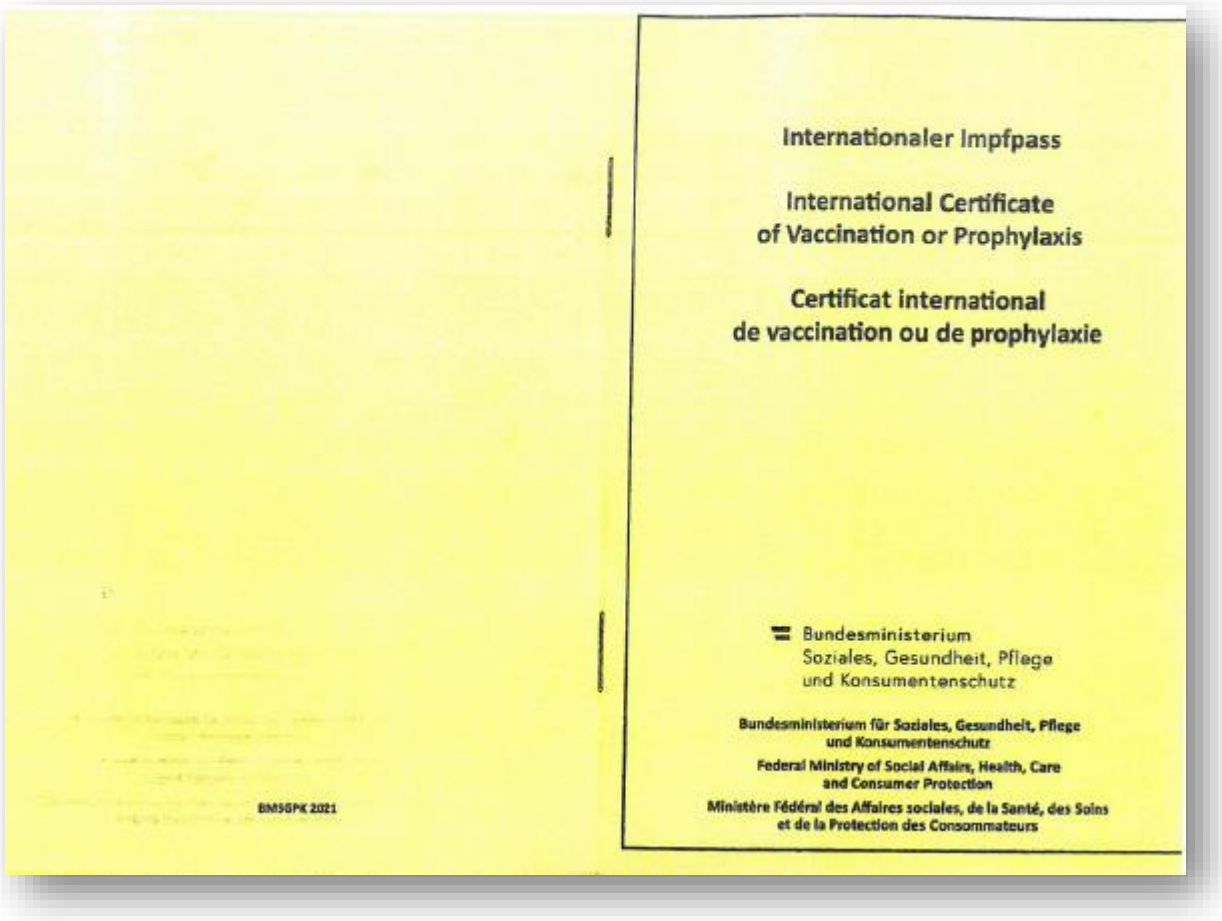

INTERNATIONALE BESCHEINIGUNGEN
ÜBER IMPFUNGEN
IMPFBUCH
INTERNATIONAL CERTIFICATES OF VACCINATION
CERTIFICATS INTERNATIONAUX DE VACCINATION
gemäß § 22 Infektionsschutzgesetz
ausgestellt für
Name, Vorname
Geburtsdatum
Wohnort und Straße
Reisepass-Nr. oder
Nr. des Pers.-Ausweises


Influenza
COVID-19
Röteln (MMR)

POLSKO


Folding instruction / Instrukcja składania
This certificate is not a travel document. The scientific evidence on COVID-19 vaccination, testing and recovery continues to evolve, also in view of new variants of concern of the virus. Before travelling, please check the applicable public health measures and related restrictions applied at the point of destination. Relevant information can be found here:
https://reopen.europa.eu/en
Ten certyfikat nie jest dokumentem podróży. Dowody naukowe dotyczące szczepień, testów i wyzdrowień na COVID-19 wciąż ewoluują, również w związku z nowymi niepokojącymi wariantami wirusa. Przed podróżą sprawdź obowiązujące środki ochrony zdrowia publicznego i związane z nimi ograniczenia obowiązujące w miejscu docelowym. Istotne informacje można znaleźć tutaj:
https://reopen.europa.eu/pl
Vaccination certificate
Certyfikat szczepienia
Disease or agent targeted
Nazwa choroby lub czynnika chorobotwórczego
COVID-19
Vaccine/prophylaxis
Szczepionka/profilaktyka
covid-19 vaccines
Vaccine medicinal product
Produkt leczniczy
COVID-19 Vaccine Janssen
Vaccine marketing authorisation holder or manufacturer
Producent dopuszczający szczepionkę do obrotu
Janssen-Cilag International
Number in a series of vaccinations/doses and the overall
Liczba serii szczepień/dawek
1 / 2
Date of vaccination
Data szczepienia
22.03.2021
Member State of vaccination
Państwo członkowskie
PL
Certificate issuer
Wystawca certyfikatu
Centrum e-Zdrowia
Code validity
Ważność kodu
17.05.2022
EU Digital COVID Certificate
Unijny Certyfikat COVID
PL
Surname(s) and forename(s)
Nazwisko i imię
Kowalski Paweł
Date of birth
Data urodzenia
05.08.1990
Unique certificate identifier
Unikalny identyfikator certyfikatu
dgci:01:PL:01:8782f310-c6d3-45bc-bb94-68d4911977e6

RAKOUSKO



BMSGPK 2021

Internationaler Impfpass

International Certificate
of Vaccination or Prophylaxis

Certificat international
de vaccination ou de prophylaxie

Bundesministerium
Soziales, Gesundheit, Pflege
und Konsumentenschutz

Bundesministerium für Soziales, Gesundheit, Pflege
und Konsumentenschutz
Federal Ministry of Social Affairs, Health, Care
and Consumer Protection
Ministère Fédéral des Affaires sociales, de la Santé, des Soins
et de la Protection des Consommateurs

Glossar / glossary / glossaire

Impfungen gegen / vaccination against / vaccination contre

Grundimmunisierung gegen / primary immunisation against / immunisation de base contre

Auffrischung gegen / revaccination against / revaccination contre

Indikationsimpfungen / Reiseimpfungen / indicated vaccinations / travel vaccinations / vaccination par indication / vaccination de voyage

Diphtherie / diphtheria / diphtérie

FSME (Frühsommer-Meningoenzephalitis) / tick borne encephalitis / Encéphalite à Tiques

Haemophilus influenzae B

Hepatitis A, B / hepatitis A, B / hépatite A, B

Humane Papillomaviren (HPV) / human papilloma virus / virus du papillome humain

Influenza (Grippe) / seasonal influenza / grippe

Keuchhusten (Pertussis) / whooping-cough / coqueluche

Kinderlähmung (Polio) / infantile paralysis / paralysie infantile

Masern-Mumps-Röteln / measles-mumps-rubella / rougeole-oreillons-rubéole

Meningokokken / meningococcus / méningocoques

Pneumokokken / pneumococcus / pneumocoques

Rotavirus / rotavirus / rotavirus

Windpocken / varicella / varicelle

Wundstarrkrampf (Tetanus) / tetanus / tétanos

ausgestellt für / issued to / délivré à

Familienname
Surname
Nom de Famille

Vorname
First Name
Prénom

Geburtsdatum
Date of Birth
Date de Naissance

Sozialversicherungsnummer
Social Insurance Number
Numéro d'Assurance Sociale

Adresse
Address
Adresse

Nummer des Reisepa
Passport Nu
Numéro du Passep

Im Notfall zu verständigen
To call in case of emergency
À contacter en cas d'urgence .....

Impfungen gegen Influenza (Grippe)

Arztstempel/-Unterschrift signature and stamp of the physician signature et cachet du médecin	Chargennummer batch no./numéro du lot Datum date/date
Arztstempel/-Unterschrift signature and stamp of the physician signature et cachet du médecin	Chargennummer batch no./numéro du lot Datum date/date
Arztstempel/-Unterschrift signature and stamp of the physician signature et cachet du médecin	Chargennummer batch no./numéro du lot Datum date/date
Arztstempel/-Unterschrift signature and stamp of the physician signature et cachet du médecin	Chargennummer batch no./numéro du lot Datum date/date

Indikationsimpfungen / Reiseimpfungen

Arztstempel/-Unterschrift signature and stamp of the physician signature et cachet du médecin	COMIRNATY EW4875 Chargennummer batch no./numéro du lot Datum 20.04.21 date/date
Arztstempel/-Unterschrift signature and stamp of the physician signature et cachet du médecin	EY7015 COMIRNATY Chargennummer batch no./numéro du lot Datum 11 MAI 2021 date/date
Arztstempel/-Unterschrift signature and stamp of the physician signature et cachet du médecin	Chargennummer batch no./numéro du lot Datum date/date
Arztstempel/-Unterschrift signature and stamp of the physician signature et cachet du médecin	Chargennummer batch no./numéro du lot Datum date/date

RUMUNSKO

MINISTERUL SĂNĂTĂȚII

Adeverință de vaccinare

Vaccination certificate

Registrul Electronic Național de Vaccinări (https://www.renv.ro)

Dovada vaccinării este pusă la dispoziția persoanei vaccinate fie electronic, fie pe suport de hârtie pentru a-i permite acesteia să își țină evidența între cele două vizite la centru de vaccinare (doza inițială și rapel) și a cunoaste tipul de vaccin administrat. Precizăm că vaccinarea este gratuită, voluntară, iar adeverința de vaccinare nu este eliberată cu scopul de a condiționa sau restricționa drepturile persoanelor vaccinate.

Evidence of vaccination is made available to the vaccinated person either electronically or on paper to allow him to keep track between the two visits to the vaccination center (initial dose and booster) and to know the type of vaccine administered. Please note that vaccination is free, voluntary, and the vaccination certificate is not issued in order to condition or restrict the rights of vaccinated persons.

National Institute of Public Health
1-3 Dr. A. Leonte Street, Bucharest ROMANIA
Phone: (+4021) 318 36 20

Comitetul Național de Coordonare a Activităților privind Vaccinarea împotriva COVID-19 (CNCAV)

http://www.vaccinare-covid.gov.ro

Institutul Național de Sănătate Publică
Str. Dr.A. Leonte, Nr. 1 - 3, Bucuresti, ROMÂNIA
Telefon: (+4021) 318 36 20

https://adulti.renv.ro

10937044 28312243 33708132

NUME PRENUME / NAME SURNAME

ŘEHOŘ ŘEPNÝ

Sex / Sex M Varsta / Age 41
Judet domiciliu / Address Bucuresti (CNP: 1234567890123)
Seria Numar CI (Identity card) / RD 123456

INFORMATII DESPRE VACCIN / VACCINE INFO

Doza 1 (Dose 1) Tip vaccin(Type of vaccine): Vaccin împotriva COVID19
Produs (Product) Pfizer - BIONTech / LotNr (Batch no): EW4815
Data expirarii (Expiration date) 31-07-2021
Data vaccinării (Date of vaccination) 20-04-2021

Doza 2 (Dose 2) Tip vaccin(Type of vaccine): Vaccin împotriva COVID19
Produs (Product) Pfizer - BIONTech / LotNr (Batch no): FA5829
Data expirarii (Expiration date) 31-08-2021
Data vaccinării (Date of vaccination) 11-05-2021

DATE DESPRE CENTRUL DE VACCINARE

Nume centru de vaccinare / Name of vaccination center
Centrul 1_Circul Metropolitan Bucuresti
Județul/ County
Bucuresti

This document is signed by

	Signatory	OID.2.5.4.97=26347241, CN=INSTITUTUL NATIONAL DE SANATATE PUBLICA, O=INSTITUTUL NATIONAL DE SANATATE PUBLICA, C=RO
	Date/Time	Fri May 21 09:10:28 EEST 2021
	Issuer-Certificate	OID.2.5.4.97=VATRO-18288250, CN=certSIGN Qualified CA, O=CERTSIGN SA, C=RO
	Serial-No.	105286103255487989188638493364
	Method	sha256
Note	Acest document a fost semnat digital pentru a preveni modificarile	

Řecko

ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
HELLENIC REPUBLIC

Μπορείτε να ελέγξετε την ισχύ του εγγράφου σκανάροντας το QR code.
You may verify this document by scanning the QR code.

Βεβαίωση Εμβολιασμού SARS-Cov-2
SARS-Cov-2 Vaccination Record Certificate

Όνομα Name	Επώνυμο Surname	ΑΜΚΑ Social Security Number
ΕΥΑΓΓΕΛΟΣ **EVANGELOS**		

ΣΤΟΙΧΕΙΑ ΕΜΒΟΛΙΟΥ

Τύπος εμβολίου
Vaccine manufacturer
BIONTECH MANUFACTURING GMBH, GERMANY

Αριθμός δόσεων
Total doses
2

1 ΔΟΣΗ DOSE	2 ΔΟΣΗ DOSE
Ημερομηνία Date	Ημερομηνία Date
07/01/2021	**30/01/2021**
Εμβολιαστικό Κέντρο Vaccination Center	Εμβολιαστικό Κέντρο Vaccination Center
ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ "ΕΥΑΓΓΕΛΙΣΜΟΣ"	**ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ "ΕΥΑΓΓΕΛΙΣΜΟΣ"**

Η βεβαίωση εκδίδεται σύμφωνα με τα στοιχεία που έχουν καταχωρηθεί και τηρούνται στο Εθνικό Μητρώο Εμβολιασμών κατά του κορωνοϊού COVID-19.

The certificate is issued in accordance with the data entered and kept in the National COVID-19 Vaccination Registry.

Κωδικός εγγράφου / Document ID: 2eodBPmFxKKHaCzY-nICqQ

Μπορείτε να ελέγξετε την ισχύ του εγγράφου εισάγοντας τον κωδικό στο: dilosi.services.gov.gr/show/q/validate
You may verify this document by entering the Document ID at: dilosi.services.gov.gr/show/q/validate

Επιβεβαιώνεται το γνήσιο Υπουργείο Ψηφιακής Διακυβέρνησης / Verified by the Ministry of Digital Governance, Hellenic Republic
20210222131118+02'00'

SLOVENSKO

Certifikát o vykonanej vakcinácii
Certificate of vaccination

Meno a priezvisko (Name and Surname)

Dušan Dubaj

Dátum narodenia / Date of birth (yyyy-mm-dd): 1954-04-14			
Pôvodca, proti ktorému bola vakcinácia vykonaná: **(Agent vaccinated against)**	COVID-19 (SOMED CT 840539006)		
Typ vakcíny: **Vaccine:**	Covid-19 mRNA Vaccine (SNOMED CT 1119349007)		
Názov produktu: **(Name of medicinal product)**	Comirnaty koncentrát na injekčnú disperziu / Comirnaty		
Držiteľ rozhodnutia o registrácii: **(Marketing Authorization Holder)**	BioNTech Manufacturing GmbH, Germany		
Krajina vakcinácie: **(Country of vaccination)**	SK	**Kód vakcinačného centra:** **(Vaccination center code)**	P9435264520
Vakcinácia ukončená: **Vaccination schedule completed:**	Ano Yes	**Dávka / celkový počet dávok** **(Number in a series of vaccination/doses)**	2/2
Šarža (Batch number)	**Dávka(dose) 1/2**		
	Dávka(dose) 2/2	EJ6796 NDC 59267-1000-2	
Vydavateľ certifikátu: **Certificate issued by:**	Ministerstvo zdravotníctva Slovenskej republiky Ministry of Health of the Slovak Republic		
Dátum vakcinácie: **(Date of vaccination YYYY-MM-DD)**	2021-05-15	**Dátum vystavenia certifikátu:** **(Certificate issued YYYY-MM-DD)**	2021-05-24

SLOVINSKO

REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE

NIJZ

Certifikat o opravljenem cepljenju COVID-19

Certificate of vaccination COVID-19

Ime in priimek / Name and surname	Datum rojstva / Date of birth (yyyy-mm-dd)
[redacted]	[redacted]
EMŠO / Personal registration number	ZZZS številka / Health Insurance number
[redacted]	[redacted]

Cepljenje proti / Vaccination against **SARS-CoV-2 (SNOMED CT 840534001)**		
Cepivo / Vaccine	Serija / Lot number	Odmerek / Dose
COVID-19 Vaccine AstraZeneca susp.za inj. viala s po 10 odmerki 10x	[redacted]	**1**
Datum cepljenja / Date of vaccination (yyyy-mm-dd)	Ustanova cepljenja / Vaccination center	
2021-03-30	**NIJZ**	
Cepivo / Vaccine	Serija / Lot number	Odmerek / Dose
Vaxzevria susp.za inj. viala s po 10 odmerki 10x	[redacted]	**2**
Datum cepljenja / Date of vaccination (yyyy-mm-dd)	Ustanova cepljenja / Vaccination center	
2021-06-08	**NIJZ**	

Podatki izpisani iz eRCO (Elektronski register cepljenih oseb): / Data extracted from eRCO (Electronic Immunization Registry) on: 2021-06-18

Izdajatelj certifikata / Certificate issued by	Digitalni podpis izdajatelja / Digital signature of issuer
Nacionalni inštitut za javno zdravje **National Institute of Public Health**	Digitally signed by e-seal NIJZ Date: 18.06.2021 08:25:18 Reason: Vaccination certificate

Avtentičnost certifikata je mogoče preveriti le v elektronski obliki. / The authenticity of the certificate can only be verified in electronic form.

ŠPANĚLSKO

Datos de la INSTITUCIÓN EMISORA	Datos del CIUDADANO
Comunidad de Madrid REGISTRO UNIFICADO DE VACUNACIÓN	Nombre y apellidos: DNI/NIE: Y7640039M Fecha Nacimiento: Sexo: Mujer CIP SNS: CIPA: NSS:

INFORME DE VACUNACIÓN

En la fecha 17/05/2021 se le ha administrado la Vacuna contra COVID-19 con vector ChAdOx1 [Oxford / AstraZeneca] y lote ABW4810.

Recuerde, esta vacuna requiere 2 dosis. La siguiente dosis se le administrará tras un periodo aproximado de 10 a 12 semanas desde la primera dosis.

Si experimenta cualquier efecto adverso que considere que puede estar relacionado con la vacuna, contacte con el **centro donde se le vacunó o con su centro de salud.** También puede comunicar cualquier efecto adverso directamente a través de esta web

http://www.notificaRAM.es

Fecha de Emisión: 17/05/2021

Centro: WiZink Center

Le recordamos que esta información puede consultarla a través de la app Tarjeta Sanitaria Virtual disponible en los stores habituales

IOS Android

Información de protección de datos

Le informamos que sus datos personales incluidos en este documento, serán tratados con la finalidad de acreditación del acto de vacunación y de proporcionarle asistencia sanitaria. Sus datos serán conservados durante los años necesarios para garantizar una adecuada asistencia, así como para cumplir con la normativa vigente aplicable, y en cualquier caso, durante al menos cinco años. El Responsable del Tratamiento es la Dirección General de Salud Pública, cuyo Delegado de Protección de Datos (DPD) es el "Comité DPD de la Consejería de Sanidad de la Comunidad de Madrid" con dirección en C/ Melchor Fernández Almagro, nº 1, 28029 Madrid. La base jurídica que legitima el tratamiento es el cumplimiento de una obligación legal, al amparo de lo establecido en la Ley 14/1986, de 25 de abril, General de Sanidad, la Ley 41/2002, de 14 de noviembre, de autonomía del paciente, y demás legislación vigente en materia sanitaria. Sus datos serán cedidos al Ministerio de Sanidad, de acuerdo a lo establecido en el artículo 23 del Real Decreto-ley 21/2020, de 9 de junio, de medidas urgentes de prevención, contención y coordinación para hacer frente a la crisis sanitaria ocasionada por el COVID-19, y en el artículo 65 bis de la Ley 16/2003, de 28 de mayo, de cohesión y calidad del Sistema Nacional de Salud. Asimismo, le informamos que sus datos

MIMO EU

ANDORRA

Govern d'Andorra

CERTIFICACIÓ DE VACUNACIÓ DE LA COVID-19 (SARS-CoV-2)
CERTIFICAT DE VACCINATION CONTRE LE COVID 19 (SARS-CoV-2)
CERTIFICADO DE VACUNACIÓN COVID-19 (SARS-CoV-2)
COVID-19 (SARS-COV-2) VACCINATION CERTIFICATION

Nom i cognoms / *Prénom et nom / Nombre y apellidos / Name and surname:*

Data de Naixement / *Date de naissance / Fecha de nacimiento / Date of birth:*

PRIMERA DOSI / PREMIÈRE DOSE / PRIMERA DOSIS / FIRST DOSE

Nom de la vacuna / *Nom du vaccin / Nombre de la vacuna / Vaccine name:*

Data de vacunació / *Date de vaccination / Fecha de vacunación / Date of vaccination:*

Centre administrador / *Centre administrateur / Centro administrador / Administration center:*

Hospital Nostra Senyora de Meritxell

SEGONA DOSI / DEUXIÈME DOSE / SEGUNDA DOSIS / SECOND DOSE

Nom de la vacuna / *Nom du vaccin / Nombre de la vacuna / Vaccine name:*

Data de vacunació / *Date de vaccination / Fecha de vacunación / Date of vaccination:*

Centre administrador / *Centre administrateur / Centro administrador / Administration center:*

Hospital Nostra Senyora de Meritxell

Segell / Sceau / Sello / Stamp

GOVERN D'ANDORRA

Si heu patit algun efecte advers després de la vacunació cal notificar-lo a:
https://www.salut.ad/RAM-vacuna-covid19

AUSTRÁLIE

Australian Government
Services Australia

medicare

Immunisation history statement

As at: 19 May 2021
For:
Date of birth:
Individual Healthcare Identifier (IHI):

COVID-19 immunisation status: X

This individual has **not** received all required COVID-19 vaccines.

Date given	Immunisation	Brand name given
06 Apr 2021	Influenza	Afluria Quad
17 May 2021	COVID-19	COVID-19 Vaccine AstraZeneca

Next NIP immunisation/s due	Date due
No vaccines due.	

Notice/s

The Australian Immunisation Register records immunisations given to people of all ages in Australia. Immunisations given before 1 January 1996 are not displayed on the statement.

NIP immunisations refer to immunisations required under the National Immunisation Program schedule only, not including COVID-19 vaccines. A separate COVID-19 immunisation status will appear on this statement when you have received one or more COVID-19 vaccine/s.

Every effort is made to ensure that the information contained on the Australian Immunisation Register is correct. The data is based on information provided by vaccination providers and the accuracy of data is dependent on the quality and timeliness of information provided.

If any of the immunisation details shown on the statement are not correct, please ask your vaccination provider to provide the correct details by calling us on 1800 653 809 (call charges may apply).

If you have any questions about this statement, please call the Australian Immunisation Register on the number above.

HONGKONG

香港特別行政區政府衞生署
2019 冠狀病毒病疫苗接種紀錄
Department of Health
The Government of the Hong Kong Special Administrative Region
COVID-19 Vaccination Record

二維碼紀錄 QR Code Record

領事團身份證
Consular Corps Identity Card

姓名 Name	身份證明文件類別及號碼 Document Type & No.

第一針 1st Dose	
疫苗名稱 / 批號 Vaccine Name / Lot No.	**2019冠狀病毒病疫苗 (復必泰)** **Comirnaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection** Lot No. : 1B002A
接種日期 Vaccination Date	14-04-2021
接種地點 Vaccination Premises	政府總部 (會議廳) 疫苗接種中心 Community Vaccination Centre, Central Government Offices (Conference Hall)
第二針 2nd Dose	
疫苗名稱 / 批號 Vaccine Name / Lot No.	**2019冠狀病毒病疫苗 (復必泰)** **Comirnaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection** Lot No. : 1B003A
接種日期 Vaccination Date	05-05-2021
接種地點 Vaccination Premises	政府總部 (會議廳) 疫苗接種中心 Community Vaccination Centre, Central Government Offices (Conference Hall)

2019 冠狀病毒病疫苗接種紀錄
COVID-19 Vaccination Record
姓名 Name
身份證明文件類別及號碼 Document Type & No.
領事團身份證 Consular Corps Identity Card
二維碼紀錄 QR Code Record

	疫苗名稱 Vaccine Name	接種日期 Vaccination Date
第一針 1st Dose	2019冠狀病毒病疫苗 (復必泰) Comirnaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection	14-04-2021
第二針 2nd Dose	2019冠狀病毒病疫苗 (復必泰) Comirnaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection	05-05-2021

請妥善保存 Keep this record properly

MACAO

澳門特別行政區政府衛生局
Serviços de Saúde do Governo da Região Administrativa Especial de Macau
Government of Macao Special Administrative Region - Health Bureau

新型冠狀病毒疫苗接種記錄卡
Registo de vacinação contra a COVID-19
COVID-19 vaccination record

查詢電話/Informação/Information
+853 28 700 800

姓名：祝健壯 CHOK, KIN CHON
Nome/Name

性別：男 M 出生日期：1980-01-01
Sexo/Sex Nascido em/ Date of birth

證件編號： 3333333(3)
No. de ID/ ID No.

衛生局
Serviços de Saúde
Health Bureau

疫苗種類 Tipo de vacina Type of vaccine	生產商 Fabricante Manufacturer	批號 N.º lote Lot no.	接種日期 Data Date
Inactivated	CNBG(Beijing)	202012325	2021-02-09
Inactivated	CNBG(Beijing)	202012325	2021-02-28

IZRAEL


Israel
Cohen Israeli
Full Name
ישראל
כהן ישראלי
שם מלא
57738870
Passport Num.
208067356
מס. תעודת זהות
15.11.94
Date of Birth
15.11.94
תאריך לידה
תאריך תפוגת התוקף
Expiration Date
19.09.2021
תאריך כניסה לתוקף
Inoculated Since
19.09.2020
12.08.2020
Covid19 BNT162b2,
Pfizer, EK4174
Maccabi קופ"ח מכבי
01 DOSE מנה
12.08.2020
Covid19 BNT162b2,
Pfizer, EK4174
Maccabi קופ"ח מכבי
02 DOSE מנה
מכבי
משרד הבריאות

ÍSLAND

Embætti landlæknis
Sóttvarnalæknir

Directorate of health
Chief Epidemiologist for Iceland

Skírteini um bólusetningu gegn COVID-19/SARS-CoV-2
Certificate of vaccination against COVID-19/SARS-CoV-2
Certificat de vaccination contre le COVID-19/SARS-CoV-2

Handhafi
Issued to (name; first last)
Délivré à (prénom; nom)

Kennitala
National ID no.
N° du document d'identification national

Fæðingardagur (dd.mm.áááá)
Date of birth (dd.mm.yyyy)
Date de naissance (jj.mm.aaaa)

Ríkisfang
Nationality
Nationalité
IS

Vegabréfsnúmer
Passport no.
N° de passeport

Bóluefni **Vaccine** **Vaccin**	ATC númer **ATC Classification** **Classification ATC**	Framleiðandi **Manufacturer** **Fabricant**
Comirnaty	J07BX03	Pfizer

Skammtur **Dose no.** **N° de la dose**	Dags. **Date (dd.mm.yyyy)** **Date (jj.mm.aaaa)**	Lota **Lot no.** **N° du lot**	Stofnun **Responsible institution** **Institution administrative**	Land bólusetningar **Country of vaccination** **Pays de vaccination**
1/2	[redacted]	EJ6796	Landspítali	IS
2/2	[redacted]	EJ6796	Landspítali	IS

Dags. útgáfu skírteinis (dd.mm.áááá)*
Certificate issued (dd.mm.yyyy)*
Certificat délivré le (jj.mm.aaaa)*
20.05.2021

Gildistími skírteinis (dd.mm.áááá - dd.mm.áááá)**
Certificate valid (from-until; dd.mm.yyyy - dd.mm.yyyy)**
Certificat valable (à partir du/jusqu'au; jj.mm.aaaa - jj.mm.aaaa) **
29.01.2021 - 22.01.2022

*Skírteini sem ferðast er með skal ekki vera eldra en 30 daga við upphaf ferðalags.**
Certificate used for travel should be issued no earlier than 30 days prior to start of travel.*
Les certificats de voyage doivent être délivrés dans les 30 jours avant le premier jour du voyage.*
**Gildistími getur breyst ef nýjar upplýsingar koma fram um áhrifatíma bólusetningar.
****The period of validity may change based on new information on duration of protection.**
****Il est possible que la période de validité du certificat soit modifiée conformément aux dernières informations sur la durée valable de protection.**

Katrínartúni 2 • IS 105 Reykjavik • Iceland • Sími/Tel. (+354) 510 1900 • mottaka@landlaeknir.is

KOREJSKÁ REPUBLIKA

서 식 2 예방접종증명서

■ 감염병의 예방 및 관리에 관한 법률 시행규칙 [별지 제16호서식] <개정 2020. 9. 11.>

제 호
No.

예방접종증명서
Certificate of Immunization

성명 Name		생년월일 Date of Birth(Month/Day/Year)	
		성별 Sex	
주소 Address			

접종명 Vaccine	접종차수 Vaccination Series	접종일 Date Given(Month/Day/Year)	접종기관 Provider/Clinic

「감염병의 예방 및 관리에 관한 법률」 제27조 및 제33조의4제4항 및 같은 법 시행규칙 제22조에 따라 위와 같이 예방접종하였음을 증명합니다.

We hereby certify that all the above vaccinations were performed under Article 27 of the Infectious Disease Control and Prevention Act and Article 22 of the Enforcement regulations of the above-mentioned Act.

년 Year 월 month 일 day

질병관리청장, 특별자치도지사 또는 시장 · 군수 · 구청장, 의료기관장 직인 Seal

Governor of ( ) Special Self-Governing Province or
The head of ( ) Si/Gun/Gu, The head of ( ) medical institution

210mm×297mm[백상지 80g/㎡(재활용품)]

SINGAPURSKÁ REPUBLIKA

MINISTRY OF HEALTH
SINGAPORE

VACCINATION SG

COVID-19 VACCINATION REPORT

G3624334T

Vaccinated

Effective from 11 May 2021

COVID-19 PFIZER-BIONTECH (A-COV)

27 APR 2021

BATCH NO.: ER9449
VC @ BUKIT TIMAH COMMUNITY CLUB

06 APR 2021

BATCH NO.: ER0866
VC @ BUKIT TIMAH COMMUNITY CLUB

All doses of the COVID-19 vaccine must be completed to achieve the best possible protection, and for the protection to be as long-lasting as possible. The vaccine has been assessed to be safe for use. However, just like other vaccines, you may experience some side effects such as headache, body aches, tiredness and soreness at the injection site, or fever. These usually get better after 1-3 days and may be a sign that your immune system is making a protective response against COVID-19. The vaccination records are derived from the computerised records of the National Immunisation Registry.

SRBSKO

РЕПУБЛИКА СРБИЈА
REPUBLIC OF SERBIA

ДИГИТАЛНИ ЗЕЛЕНИ СЕРТИФИКАТ
Потврда о извршеној вакцинацији против COVID-19 и резултатима тестирања
DIGITAL GREEN CERTIFICATE
Certificate of vaccination against COVID-19 and test results

Број сертификата / Certificate ID:

Датум и време издавања сертификата / Certificate release time and date:

Име и презиме / Name and surname:

Пол / Gender:

Датум рођења / Date of birth:

ЈМБГ / Personal No. / EBS:

Број пасоша / Passport No.

Вакцинација / Vaccination

Доза / Dose: 1 / 2
Тип / Type:

Произвођач и серија / Manufacturer and batch number:

Датум / Date:

Здравствена установа / Health care institution:

Доза / Dose: 2 / 2
Тип / Type:

Произвођач и серија / Manufacturer and batch number:

Датум / Date:

Здравствена установа / Health care institution:

SARS-CoV-2 RT Real-time PCR	SARS-CoV-2 Ag-RDT (Antigen Rapid Detection test)	SARS-CoV-2 RBD S-Protein Immunoglobulin G (IgG) test
Врста узорка / Type:	**Врста узорка / Type:**	**Врста узорка / Type:**
Произвођач теста / Test manufacturer:	**Произвођач теста / Test manufacturer:**	**Произвођач теста / Test manufacturer:**
Датум и време узорковања / Date and time of sampling:	**Датум и време узорковања / Date and time of sampling:**	**Датум и време узорковања / Date and time of sampling:**
Датум и време издавања резултата / Date and time of result:	**Датум и време издавања резултата / Date and time of result:**	**Датум и време издавања резултата / Date and time of result:**
Резултат / Result:	**Резултат / Result:**	**Резултат / Result:**
Лабораторија / Laboratory:	**Лабораторија / Laboratory:**	**Лабораторија / Laboratory:**

Сертификат издаје:
Институт за јавно здравље Србије
"Др Милан Јовановић Батут"
Certificated issued by:
Institute of Public Health of Serbia
"Dr Milan Jovanović Batut"

Дигитални потпис / Digitally signed by:

РЕПУБЛИКА СРБИЈА
REPUBLIC OF SERBIA

ДИГИТАЛНИ ЗЕЛЕНИ СЕРТИФИКАТ
Потврда о извршеној вакцинацији
против COVID-19
и резултатима тестирања

DIGITAL GREEN CERTIFICATE
Certificate of vaccination against
COVID-19
and test results

Институт за јавно здравље
Србије
"Др Милан Јовановић Батут"

Број сертификата /
Certificate ID:

130998/21

Датум и време издавања сертификата /
Certificate issuing date and time:

28.05.2021. 14:47:47

Име и презиме/
Name and surname:

Пол / Gender: Muško/Male

Датум рођења / Date of birth:

ЈМБГ / Personal No. / EBS:

Број пасоша / Passport No.
Издат од / Issued by:

Доза / Dose: 1 / 2

Тип / Type:

Pfizer-BioNTech

Произвођач и серија / Manufacturer and batch number:

BIONTECH MANUFACTURING GMBH, EN1194

Датум / Date: 23.02.2021.

Здравствена установа / Health care institution:

Institut za javno zdravlje Srbije Dr Milan Jovanović Batut

ŠVÝCARSKO

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Covid-Zertifikat
COVID Certificate

Impfung
Vaccination

Krankheit oder Erreger *Disease or agent targeted*	Covid-19
Dosis *Nb of dose*	2/2
Art des Impfstoffs *Vaccine type*	COVID-19 mRNA vaccine
Produkt *Product*	COVID-19 Vaccine Moderna
Hersteller *Manufacturer*	Moderna Biotech Spain, S.L.
Impfdatum *Date of vaccination*	01.05.2021
Land der Impfung *Country of Vaccination*	Schweiz *Switzerland*

urn:uvci:01:CH:C9D155034FE2E816B2BB0F2E
Zertifikat erstellt am 03.06.2021 um 09:57
Certificate created on 03.06.2021 at 09:57

Persönliche Daten
Personal data

Name *Name*	Studer Martina
Geburtsdatum *Date of birth*	14.03.1964

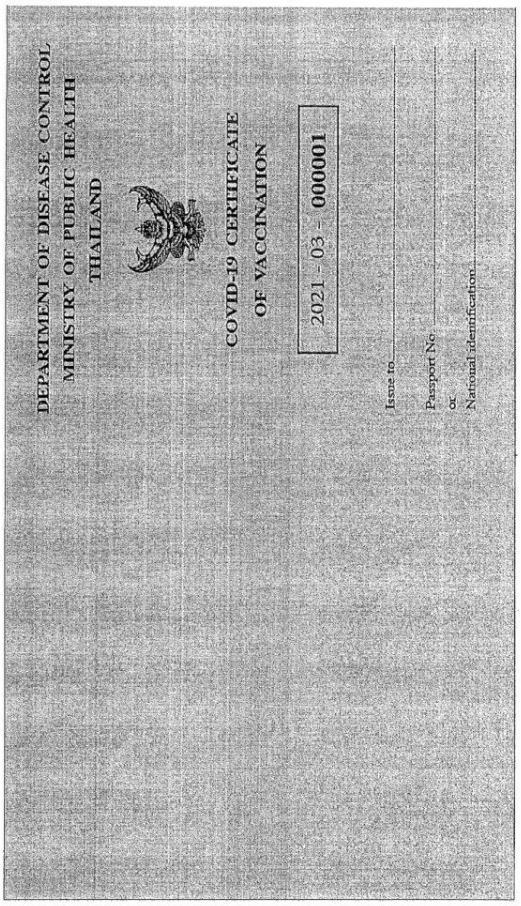
Das Covid-Zertifikat wurde herausgegeben durch
The COVID Certificate was issued by

Bundesamt für Gesundheit BAG
Federal Office of Public Health FOPH

Das COVID-Zertifikat ist nur gegen Vorlage eines Ausweisdokuments gültig.
The COVID certificate is only valid upon presentation of an identity document.

Bewahren Sie dieses Papier sorgfältig auf, auch wenn Sie das Zertifikat in der App gespeichert haben.
Keep this paper carefully, even if you have saved the certificate in the app.

THAJSKÉ KRÁLOVSTVÍ


DEPARTMENT OF DISEASE CONTROL
MINISTRY OF PUBLIC HEALTH
THAILAND

COVID-19 CERTIFICATE
OF VACCINATION

2021 – 03 – 000001

Issue to

Passport No.
or
National identification

เอกสารรับรองการสร้างเสริมภูมิคุ้มกันโรค กรณีวัคซีนป้องกันโรคติดเชื้อไวรัสโคโรนา 2019
หรือโรคโควิด 19 เพื่อใช้สำหรับการเดินทางระหว่างประเทศ

Immunization certificate for international travel: Coronavirus disease 2019 (COVID-19) Vaccine

This is to certify that (name) ....., date of birth....., sex.....

nationality.....passport no. or national identification document,

if applicable.....whose signature follows.....

has on the date indicated been vaccinated against COVID-19.

Dose	Name of Vaccine	Date of vaccination	Manufacturer and batch No. of vaccine	Certificate issued date	Signature and professional status of authorized officer	Official stamp of issued center

เอกสารรับรองการได้รับวัคซีนป้องกันโรคโควิด 19 ของประเทศไทย
(THAILAND NATIONAL CERTIFICATE OF COVID-19 VACCINATION)

ชื่อ-นามสกุล
Name - Last name
เพศ หญิง วัน/เดือน/ปีเกิด หมายเลขบัตรประชาชน Passport Number
Sex Female Date of Birth ID Card Number
ที่อยู่
Address

โปรดเก็บเอกสารรับรองการได้รับวัคซีนป้องกันโรคโควิด 19 ของประเทศไทย เพื่อใช้แสดงว่าท่านได้รับการฉีดวัคซีนป้องกันโรคโควิด 19 ครบตามเกณฑ์แล้ว โดยเอกสารรับรองนี้จะต้องมีชื่อของเจ้าหน้าที่ผู้ออกใบรับรอง และระบุสถานที่ให้บริการวัคซีน

Please keep this card, which includes medical information about the vaccines you have received. Whose name follows. Has on the date indicated been vaccinated against COVID-19.

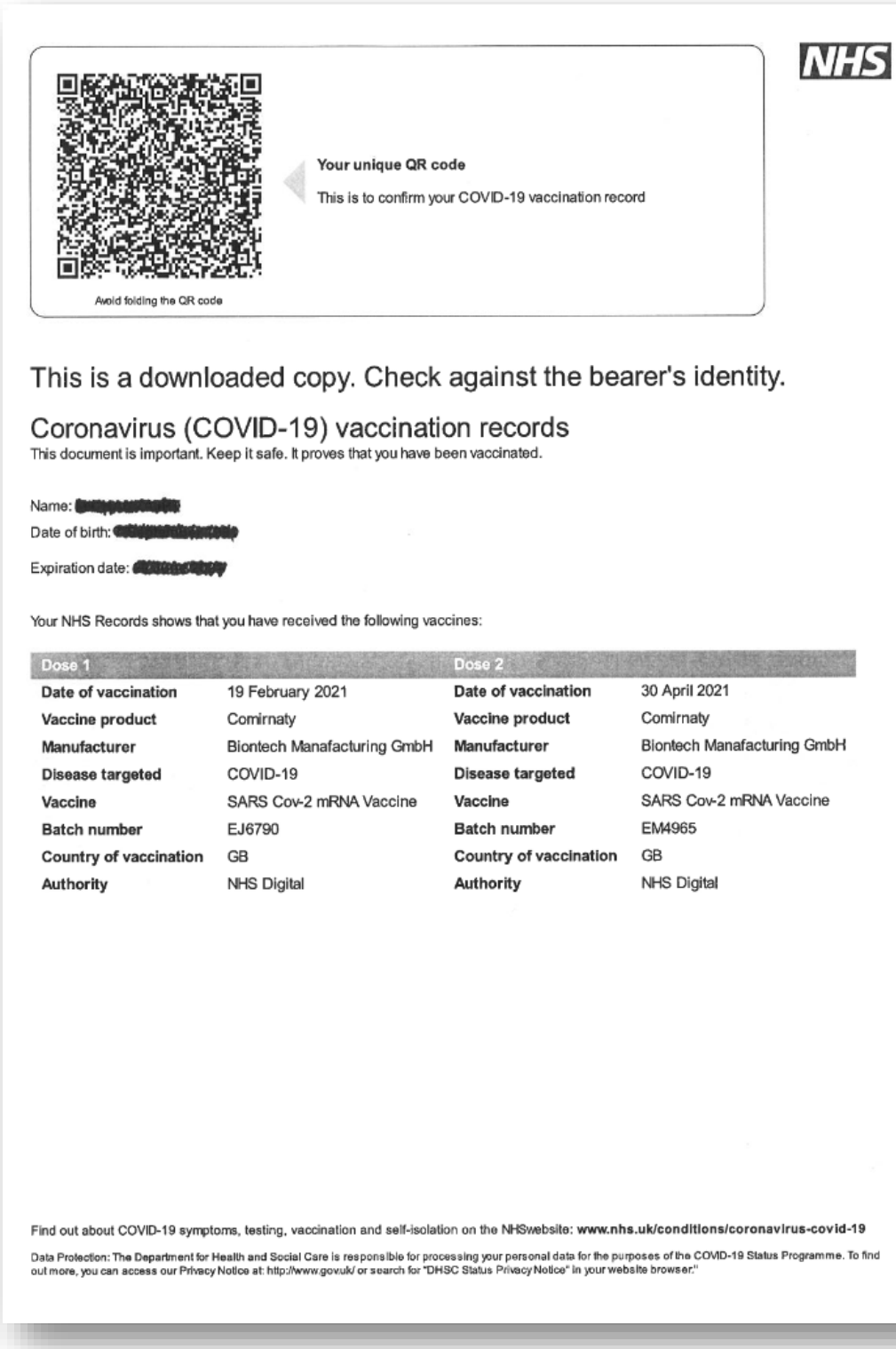
ข้อมูลการได้รับวัคซีน (Vaccination History)	เข็มที่ (Dose)	วันที่ได้รับวัคซีน (วัน/เดือน/ปี) (Date of Vaccination)	ชื่อการค้าวัคซีน (Name of Vaccine)	ชื่อบริษัทผู้ผลิตวัคซีน (Manufacturer)	รุ่นการผลิต (Lot Number)	หน่วยบริการฉีดวัคซีน (Place of Service)	หมายเหตุ (Note)
	เข็มที่ 1 (1st dose)	12/03/2564	(S) Covid-19 Vaccine (Coronavac) - Sinovac	Sinovac Life Sciences	A2021010041	สถาบันบำราศนราดูร	
	เข็มที่ 2 (2nd dose)	29/03/2564	(S) Covid-19 Vaccine (Coronavac) - Sinovac	Sinovac Life Sciences	A2021010041	สถาบันบำราศนราดูร	

ชื่อเจ้าหน้าที่ผู้ออกใบรับรอง ..... ผู้อำนวยการสถาบันบำราศนราดูร
(Name of Certificated Authority) (นพ.อภิชาต วชิรพันธ์)

หมายเหตุ : QR CODE เพื่อใช้ตรวจสอบข้อมูลจากระบบ MOPH Immunization Center

BAMRASNARADURA INSTITUTE DEPARTMENT OF DISEASES CONTROL

VELKÁ BRITÁNIE



NHS

Your unique QR code

This is to confirm your COVID-19 vaccination record

Avoid folding the QR code

This is a downloaded copy. Check against the bearer's identity.

Coronavirus (COVID-19) vaccination records

This document is important. Keep it safe. It proves that you have been vaccinated.

Name: [redacted]

Date of birth: [redacted]

Expiration date: [redacted]

Your NHS Records shows that you have received the following vaccines:

Dose 1		Dose 2	
Date of vaccination	19 February 2021	**Date of vaccination**	30 April 2021
Vaccine product	Comirnaty	**Vaccine product**	Comirnaty
Manufacturer	Biontech Manafacturing GmbH	**Manufacturer**	Biontech Manafacturing GmbH
Disease targeted	COVID-19	**Disease targeted**	COVID-19
Vaccine	SARS Cov-2 mRNA Vaccine	**Vaccine**	SARS Cov-2 mRNA Vaccine
Batch number	EJ6790	**Batch number**	EM4965
Country of vaccination	GB	**Country of vaccination**	GB
Authority	NHS Digital	**Authority**	NHS Digital

Find out about COVID-19 symptoms, testing, vaccination and self-isolation on the NHSwebsite: **www.nhs.uk/conditions/coronavirus-covid-19**

Data Protection: The Department for Health and Social Care is responsible for processing your personal data for the purposes of the COVID-19 Status Programme. To find out more, you can access our Privacy Notice at: http://www.gov.uk/ or search for "DHSC Status Privacy Notice" in your website browser."

USA

Front

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name First Name MI

Date of birth Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19		___/___/___ mm dd yy	
2nd Dose COVID-19		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

Back

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	___/___/___ mm dd yy
Other Otra	___/___/___ mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit **cdc.gov/coronavirus/2019-ncov/index.html**.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at **vaers.hhs.gov**.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite **espanol.cdc.gov/coronavirus/2019-ncov/index.html**.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en **vaers.hhs.gov**.

08/17/20 MLS-319813_r