

1. 가나

- 종이증명서(종이카드 형태) -

(예시)

카드 내부

Name: _____

Date of birth (Age in years): 53 / 1976

Sex: ☒ F ☐ M Region: GRA

District: KORLE KLOJEE Sub-District: BIDCE

Community: CANTONMENT Town/Village: ACCRA

Place of vaccination: GRH

COVID-19 Vaccine Details			
First Dose	Date	Manufacturer	Vacc. Batch No.
	dd/mm/yy		
	<u>22/3/21</u>	<u>SERUM INSTITUTE OF INDIA</u>	<u>41203028</u>
	Date of Appointment (2nd Dose)		
Second Dose	Date	Manufacturer	Vacc. Batch No.
	dd/mm/yy		
	<u>5/6/21</u>	<u>SERUM INSTITUTE OF INDIA</u>	<u>41203028</u>

Injection Site: LEFT UPPER ARM

In case you experience any undesirable effect, report to the nearest facility or call the number 0244 310 287 or 055 111 2224 / 055 111 2225

KEEP YOUR CARD SAFE

카드 외부



- 전자증명서(현재는 연동되지 않는 상태) -

(예시)

종이증명서 QR코드 연계 사이트 화면 현재까지 연동되지 않은 상태(추보 예정)

2:44 69%

covid19vaccination.gov.gh/

MINISTRY OF HEALTH
REPUBLIC OF GHANA

COVID-19 IMMUNIZATION TRACKER

Enter card number below to verify

Card Number

VERIFY

Ministry of Health / Ghana Health Service
© 2021

2:44 70%

covid19vaccination.gov.gh/

MINISTRY OF HEALTH
REPUBLIC OF GHANA

GHANA HEALTH SERVICE
Your Health-Our Concern

COVID-19
VACCINATION CARD

NO VACCINATION RECORD FOUND

Back Home

Ministry of Health / Ghana Health Service
© 2021

2. 가봉

- 종이증명서 -



CARTE DE VACCINATION COVID-19

PROVISOIRE

N°

Nom(s):

Prénom(s):

Né(e) le :

à

Sexe: M ☐ F ☐

Nom du vaccin: SINO PHARM

Laboratoire: CHBG

NIP (*) :

(*) Numéro d'Identification Personnel.

1^{ère} Dose :

Site de vaccination: CHUMEFIE

Date de vaccination: 08-05-2021

N° du lot: 2021.02.01.00



2^{ème} Dose :

Site de vaccination: CHUMEFIE

Date de vaccination: 3110172021

N° du lot: 2021.02.01.00



3. 가이아나

- 종이증명서 -

Internal And Child Health Office
Ministry of Health

Ministry of Health, Guyana
Immunization Booklet

Name: [Redacted]

Address: [Redacted]

Date of Birth: 01.07.1957 (64)

Sex: Male: ☒ Female: ☐

Health Facility/Region: MIN of Health

Registration No.: 19/21 Date Issued: 10.3.21

4. 감비아

- 종이증명서 -

The Gambia COVID-19 Vaccination Card

Region: balist coast Unique Identification number (from the vaccination register): _____

First Name(s): [redacted] Surname: [redacted] National ID Number (NIN): [redacted] Vaccine register number: _____

Physical Address: Salagi History of Allergy ☐ Yes ☐ No

ITEMS	RESPONSES	ITEMS	RESPONSES
Date of 1st dose (DD/MM/YY)	<u>04/05/2021</u>	Date of 2nd dose (DD/MM/YY)	<u>/ /</u>
Name of vaccine	<u>Astrazeneca</u>	Name of vaccine	
Batch number	<u>U1203030</u>	Batch number number	
Serial number	<u>WR01 RD14 1920</u>	Serial number	
Expiry date (DD/MM/YY)	<u>26/06/2021</u>	Expiry date (DD/MM/YY)	<u>/ /</u>
Name of Vaccination Center	<u>Baraem</u>	Vaccination Center Name	
Date of next visit (DD/MM/YY)	<u>04/07/21</u>	Signature and stamp	
Signature and stamp		HAD ALLERGIC REACTION TO THE VACCINE	

THE FOLLOWING ARE VERY COMMON AFTER VACCINATION:

- Pain, tenderness or swelling where the injection was given
- Feeling tired, having a fever, or chills
- Joint and muscle pains
- Feeling sick or vomiting
- Headaches
- Feeling unwell in other ways.

These are usually mild and go in a day or two. If you are worried about these, if they are severe or not going away, make sure you tell the staff at the vaccination centre or call 1025.

5. 과테말라

- 전자증명서 -

Good afternoon
J. [redacted]

WELCOME TO **DHA Home** Patient S

Covid 19 Vaccine
Complete Awareness Guide

CORONAVIRUS (COVID-19)	COVID-19 VACCINATION CARD
BOOK COVID-19 SCREENING	BOOK COVID-19 VACCINE
DAMMI - BLOOD DONATION	DOCTOR FOR EVERY CITIZEN
Baraem CHILD DEVELOPMENTAL SCREENING	

HOME MEDIA ASK DHA LOCATIONS MORE

6. 그레나다

7. 그리스

- 종이증명서 -



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
HELLENIC REPUBLIC

Μπορείτε να ελέγξετε την ιαχύ 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

ΣΤΟΙΧΕΙΑ
ΕΜΒΟΛΙΟΥ

Τύπος εμβολίου
Vaccine manufacturer
MODERNA

Αριθμός δόσεων
Total doses
2

1 ΔΟΣΗ
DOSE

Ημερομηνία
Date

2 ΔΟΣΗ
DOSE

Ημερομηνία
Date

Εμβολιαστικό Κέντρο
Vaccination Center
**ΜΕΓΑ ΕΜΒΟΛΙΑΣΤΙΚΟ
ΚΕΝΤΡΟ ΠΡΟΜΗΘΕΑΣ**

Εμβολιαστικό Κέντρο
Vaccination Center
**ΜΕΓΑ ΕΜΒΟΛΙΑΣΤΙΚΟ
ΚΕΝΤΡΟ ΠΡΟΜΗΘΕΑΣ**

Η βεβαίωση εκδίδεται σύμφωνα με τα στοιχεία που έχουν καταχωρηθεί και τηρούνται στο Εθνικό
Μήτρωο 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:

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

Επιβεβαιώνει το γνήσιο Τυποσείο
Υπουργείο Διακυβέρνησης / Verified by the Ministry
of Digital Governance / Υποβλήσε
20210811191216-0850

8. 기니

- 종이증명서 -

(앞면)

République de Guinée
Ministère de la Santé
Agence Nationale de Sécurité Sanitaire (ANSS)
CARTE DE VACCINATION CONTRE LA COVID-19

N° CO00323075

REGION : Conakry

PREFECTURE/COMMUNE : Dixinn

SITE DE VACCINATION : T.R. Com. Chinoise

TYPE DE VACCIN : SINOVAC

N° LOT 1 : K202203026

DATE VACCINATION 1 : 23.04.2021

N° LOT 2 : B202103016

DATE VACCINATION 2 : 17.05.2021

28 398

(뒷면)

NOM : [REDACTED]

PRENOM : [REDACTED]

SEXE : M ☒ F ☐

AGE : [REDACTED]

PROFESSION : [REDACTED]

TEL : [REDACTED]

QUARTIER : Almamya

Signature

Dr Sakoba Keita

9. 기니비시우

- 종이증명서 -

REPÚBLICA DA GUINÉ-BISSAU
Ministério da Saúde Pública

Campanha Nacional de Vacinação
Contra a COVID-19

Cartão N°: SUB-SAB-PLA-PLA-SICA

Nome: [REDACTED]

Idade: [REDACTED] Sexo: [REDACTED] Alergias? Não ☒ Sim ☐

Antecedentes de COVID-19? Não ☒ Sim ☐

Comorbilidades? Não ☒ Sim ☐

Região Sanitária: SAB Área Sanitária: PLACK II

Se desenvolver reações pós-vacinação, contactar: _____

Obs: _____

10. 나미비아

- 종이증명서-

COVID-19 (V02-2903202)

Republic of Namibia
Ministry of Health and Social Services

For more information please call
Toll-free: 0 800 100 100 (Nationwide)
Whatsapp: 0 851 100 100

Bar Code No: _____

COVID-19 Vaccination Card

First Name(s): _____
Last Name: _____
Physical Address: _____
Date of birth (dd/mm/yyyy): _____
ID/Passport number: _____
Nationality: Republic of Korea
History of Allergies: Yes ☐ No ☒ Unknown

NO. OF DOSE	DATE OF VACCINATION	VACCINE NAME	LOT NO. / BATCH NO.	EXP. DATE	MANUFACTURER NAME	VACCINATION CENTRE NAME	VACCINATOR NAME, SIGNATURE & STAMP	DATE OF NEXT VISIT
1 ST DOSE	26/05/21	AstraZeneca	18X3066	08/22	Covax Supply AstraZeneca	WPH	LADY BOMABA PRIVATE HOSPITAL [Signature]	18/08/21
2 ND DOSE								
3 RD DOSE								

NB: If advised, remember to come back for a second or third dose

11. 나우루

12. 나이지리아

- 종이증명서 -

COVID-19 VACCINE IS SAFE AND EFFECTIVE

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

COVID-19 Vaccination Card

Part 1: Basic Information

Name: [REDACTED] Age: [REDACTED] Sex: [REDACTED]

State: FCT Use: AMAC

Work: CITY CENTRE Last Name: CBO

Health Facility: M.F.A. STAFF CLINIC

Name of Vaccinator: [REDACTED]

Phone No. of UDA: 8000- [REDACTED]

QR Code

Part 2: VACCINE DOSE ADMINISTERED & AEFI

COVID-19 Dose	Product Name/Manufacturer/Batch Number	Expiry Date	Dose Admin	Dose Appointment	Dose Date	Date of Onset of AEFI
Dose 1	AstraZeneca/Oxford - Individual ID Number - P/Batch	July 26	15-24	18-6-21		
Dose 2	AstraZeneca/Oxford - Individual ID Number - P/Batch	06/21	17/6/21			

Signature of Health Officer: [REDACTED]

Signature of Vaccinator: [REDACTED]

13. 남수단

- 종이증명서 -

Ministry of Health
Promote Health & Prevent Disease

**Republic of South Sudan
Ministry of Health**

**COVID-19
VACCINATION CARD**

Please keep this card safe and produce to the health worker whenever you are seeking the vaccination/health services.

Ministry of Health
Promote Health & Prevent Disease

**For more details,
Please call the
toll-free line**

6666

State: CENTRAL EQUATORIA STATE

County: JUBA

Payam: MUNICI 42222

Identification number (Name, Family Name, Birth Date, Sex): 20

First Name: KIM DAEWON

Surname: DAEWON

Date of birth (DD/MM/YY): 10/1957

Age: 62 YEARS

Gender: MALE

Occupation: BUSINESSMAN

Physical Address: BAI 3686

Phone No.: 072444959

History of Allergy (Y/N): Yes No

Existing condition (Y/N): Yes No

Date	Product Name/Manufacturer/Batch Number	Expiry Date	Dose Admin	Dose Appointment	Dose Date	Date of Onset of AEFI
28.05.2021	CoronaVac	11/21	2021	18.07.2021		
18.07.2021	CoronaVac					

Signature of Health Officer: [REDACTED]

Signature of Vaccinator: [REDACTED]

14. 남아프리카공화국

- 종이증명서 -

health
REPUBLIC OF SOUTH AFRICA
COVID-19 VACCINATION RECORD CARD
NDP

VACCINEE DETAILS

Surname: [REDACTED]
First name(s): [REDACTED]
Identity number/ Passport number: 28 21 06 18
Next appointment date: [REDACTED]
EVOS vaccination number: C93NNKXJ31UN

VACCINE DOSE	VACCINE NAME	MANUFACTURER	BATCH NUMBER	VACCINE DATE
1 st Dose	Pfizer		Fb0921210618	Y M D Y M D
2 nd Dose				Y M D Y M D
3 rd Dose				Y M D Y M D

VACCINATOR DETAILS

Surname: LEVE First name(s): A
Signature: [Signature] Date: 18/06/2021

15. 네덜란드

- 종이증명서 -



Rijksinstituut voor Volksgezondheid
en Milieu
Ministerie van Volksgezondheid,
Wetgeving en Sport



Ministerie van Justitie en Veiligheid

Registratiekaart coronavaccinatie

Bewaart dit kaartje goed en breng het mee bij uw volgende afspraak!

Naam: R. van den Boogaard

Geboortedatum: 01-01-1945

Datum vaccinatie 1: 4-apr-2021 18:57

Productnaam: COVID-19 VACCIN COMIRNATY INJVLST 0,3ML
Batchnummer: ET3674

Datum vaccinatie 2:

Productnaam: **Batchnummer:**

Meer informatie over de vaccinatie tegen corona vindt u op coronavaccinatie.nl

GGD GHOR Nederland • Zwart

Vaccine Declaration COVID-19

You must keep this Declaration with you for verification purposes at the visa application process and during travel and on arrival.

You must be able to show this declaration when boarding the aircraft or ship, or when requested to do so by airport staff or the designated (medical) authority. Otherwise, you may be denied entry to the Netherlands or the aircraft or ship or international train or international bus.

The information you provide may be used by the responsible public health authorities, in accordance with Dutch rules and/or legislation and in the context of the public health response to COVID-19. Travellers aged 13 and over from outside the Schengen area are required to complete this declaration. There are some exceptions; see www.gov.uk/government.

1. Personal data

1.1 Name _____

1.2 Nationality _____

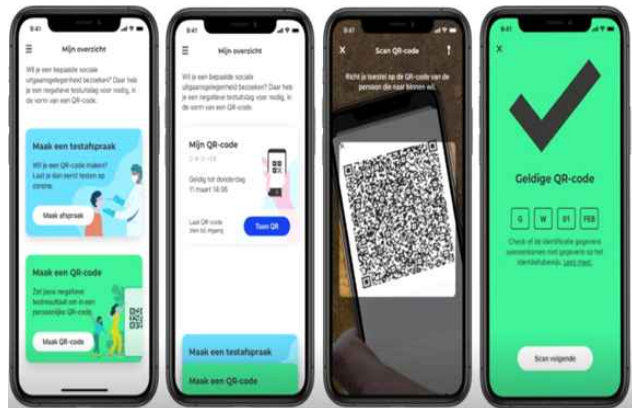
2. Vaccine information

2.1 Vaccine COVID-19 (SARS-CoV-2) approved by EMA/WHO Yes/No

2.2 Type of Vaccine

- ☐ Pfizer/BioNTech (Comirnaty)
- ☐ AstraZeneca-SK Bio (Vaxzevria)
- ☐ Serum Institute of India (Covishield)
- ☐ AstraZeneca EU (Vaxzevria)
- ☐ Johnson & Johnson (COVID-19 Vaccine Janssen)
- ☐ Moderna (Spikevax)
- ☐ Sinopharm BIBP
- ☐ Sinovac

- 코로나체크 앱 -



Bewijs voor in Nederland

Becom je locaties of activiteiten binnen Nederland? Gebruik dan dit coronabewijs.



Instructies

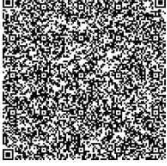
- Print dit coronabewijs op A4 (mag in zwart-wit)
- Neem een geldig identiteitsbewijs mee naar de activiteit
- Laat je coronabewijs (en eventueel ook je toegangskaartje) zien bij de ingang

VRAGEN?

Bekijk de meestgestelde vragen op [Coronacheck.nl](https://coronacheck.nl) of stuur een e-mail naar helpdesk@coronacheck.nl of bel naar 0800-1421 (gratis)

 **CoronaCheck**

Coronabewijs



Instructies

Gegevens

Initiaal: E.D.
Geboortedag: 02 AUG
Geldig vanaf: 28 april 2021
Geldig tot: 28 april 2022

Bovenstaande gegevens hoeft je niet te laten zien aan de scanner.

Internationaal bewijs

Reis je buiten Nederland? Gebruik dan dit EU Digitaal Corona Certificaat (DCC).

Bekijk voor vertrek welke test- of vaccinatiebewijzen geldig zijn in het land dat je bezoekt www.reisjetip.europa.eu/en



Instructies

- Print dit bewijs op A4 (mag in zwart-wit)
- Neem een geldig identiteitsbewijs mee op reis
- Laat het testbewijs zien aan de buitenlandse grens of als er in andere landen om gevraagd wordt

16 certificaat is geen reisdocument. Het reisdocument wordt niet verspreid op COVID-19-locaties, maar is een document dat niet verspreid wordt op andere locaties. Het reisdocument wordt niet verspreid op andere locaties. Het reisdocument wordt niet verspreid op andere locaties. Het reisdocument wordt niet verspreid op andere locaties.

Herstelbewijs

Recovery certificate



Instructies

ACHTERNAAM EN VOORNAAMEN: van Dam, Sandra
GEBORTEDE DATUM: 02-08-1985
ZIEKTE WAARVAN HERSTELD: COVID-19
TEST DATUM: 16-05-2021
GETEST IN: NL, The Netherlands
AFGEVERD CERTIFICAAT: Ministry of Health, Welfare and Sport
GELDIG VANAF: 27-05-2021
GELDIG TOT: 23-11-2021

Testbewijs

Test certificate



Instructies

ACHTERNAAM EN VOORNAAMEN: van Dam, Sandra
GEBORTEDE DATUM: 02-08-1985
ZIEKTE WAARVAN HERSTELD: COVID-19
TEST DATUM: 16-05-2021
GETEST IN: NL, The Netherlands
AFGEVERD CERTIFICAAT: Ministry of Health, Welfare and Sport
GELDIG VANAF: 19-05-2021, 08.00

16. 네팔

17. 노르웨이

- 전자증명서 -

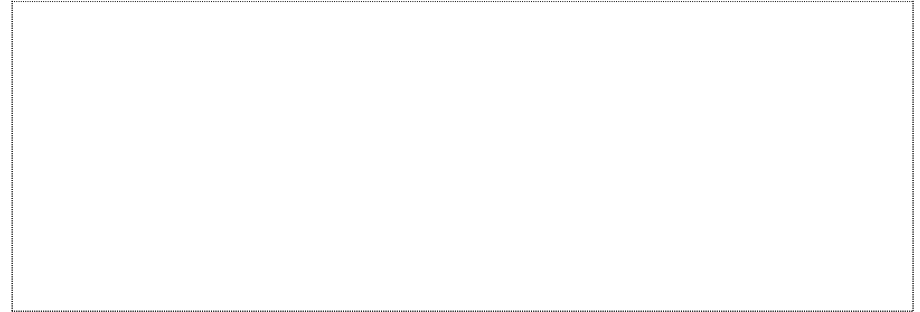
국가	국내용	출입국용
노르웨이	 15:20 5G HELSØ norge < COVID-19 certificate Control page (Norway) 성명 X BORN 생년 CERTIFICATE INVALID What does a valid certificate provide - how long? Show extended control page	 15:20 5G Extended control page 성명 DATE OF BIRTH / FØDSELSDATO 생년월일 How can I use this certificate? v COVID-19 vaccination / Koronavaksine QR code

18. 뉴질랜드

- 종이증명서 -



19. 니우에



- 종이증명서 -

CARTE DE VACCINATION CONTRE LA COVID-19			
Antécédents d'allergie (Oui/Non) : Oui /...../ Non /...../		Co-morbidité existante (Oui/Non) : Oui /...../ Non /...../ ✓	
Renseignements	Réponses	Signature et cachet	Date de la prochaine visite (JJ/MM/AAAA)
Date de la première dose (JJ/MM/AAAA)	19 / 05 / 2021		10 / 07 / 2021
Nom du vaccin	ASTRAZENECA		
Numéro du lot	44212009		
Date de péremption (JJ/MM/AAAA)	09 / 07 / 2021		
Nom du centre de vaccination	Hôpital de l'Unité hy		
Date de la deuxième dose (JJ/MM/AAAA)	/ /		
Nom du vaccin			
Numéro du lot			
Date de péremption (JJ/MM/AAAA)	/ /		
Nom du centre de vaccination			
Observations			

- 종이증명서 견본 -

< 표지(접이식 카드) >



Gobierno de Reconciliación
y Unidad Nacional
¡El Pueblo, Participa!

REPUBLICA DE NICARAGUA
MINISTERIO DE SALUD
Dirección General de Vigilancia de la Salud Pública
Programa de Inmunizaciones

CERTIFICADO DE VACUNACION SARS - CoV - 2
(COVID - 19)

<안쪽 (접이식 카드)>

Nombre: _____

Edad: _____ Cedula: _____

Sexo: M ☐ F ☐

Lugar de vacunación: _____

Unidad de Salud: _____

Cita para
2da. dosis --/-- /--

Sello

NOMBRE DE VACUNA	LOTE	FECHA	DOSIS	NOMBRE DEL VACUNADOR: FIRMA Y CODIGO
			1era.	
			2da.	

22. 대만

-종이증명서 -

COVID-19疫苗接種紀錄卡
COVID-19 Vaccination Record

請依醫師預約時間完成第2劑疫苗接種，才能獲得完整的保護力。同時妥善保存本紀錄卡，以備其後國內外醫療諮詢及重症之參考依據。

Please have your second dose of vaccine according to the appointment time of the doctor in order to have the best protection. Make sure keep this record properly for future medical verification at home and abroad.

中華民國衛生福利部
疾病管制署
Centers for Disease Control
Ministry of Health and Welfare
Republic of China (Taiwan)

COVID-19疫苗接種紀錄卡 COVID-19 Vaccination Record

中文姓名: 趙 [redacted] 英文姓名(所譯): [redacted] Last Name: CHO First Name: [redacted]

出生日期(西元): 1994 JAN 10 國籍: KOREA 身分證/護照/通行號碼: [redacted]

疫苗種類/劑次 Vaccine/Dose	廠牌/品名 Manufacturer/Product name	接種日期 Date of vaccination	醫師或接種者簽名 Signature of health-care provider	接種單位章戳 Official stamp of administering center
COVID-19疫苗第1劑 COVID-19 1 st dose	AZ	2021/12/11	Hsu, Tu-Chun	[redacted]
第2劑接種日期 Appointment date for 2 nd dose	2021/12/11			
COVID-19疫苗第2劑 COVID-19 2 nd dose				

23/ 덴마크



[corona | covid-19]

POLITI

 Dokument ID / Document ID / Identifiant de document
1000006

CORONAPAS / CORONA PASSPORT / PASSEPORT CORONA

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

DANMARK / DENMARK / DANEMARK

Efternavn / Surname / Nom

KNUDSEN

Fødselsdato / Date of birth / Date de naissance

11 02 01

Fornavn / Given names / Prénoms

LONE

Personnummer / Personal code number / Numéro d'identité

110201-4746

Køn / Sex / Sexe

F

Vaccination mod / Vaccination against / Vaccination contre

SARS-CoV-2 (COVID-19)

Vaccination status / Vaccination status / Statut de la vaccination

>>VACCINERET<<

Vaccine / Vaccine / Vaccin

Moderna Covid-19 vaccine

Effektueringsdato / Date of vaccination / Date de vaccination

2020-12-22

Moderna Covid-19 vaccine

2021-01-19

DA: "VACCINERET" betyder at borgeren er vaccineret

ENG: "VACCINERET" means the citizen has been vaccinated

FR: "VACCINERET" signifie que le citoyen a été vacciné

 Ved spørgsmål til dette dokument skal
henvendelse rettes til den lokale danske
ambassade eller Udenrigsministeriet
+45 33 33 44 12

 Questions regarding this document can be
directed to the local Danish embassy or
Ministry of Foreign Affairs of Denmark
+45 33 33 44 12

 D'éventuelles questions au sujet de ce document
peuvent être adressées à l'ambassade locale du
Danemark, ou au Ministère danois des affaires
étrangères +45 33 33 44 12

24. 도미니카공화국

- 종이증명서 -

ORIENTACIONES

Síntomas comunes luego de la vacunación contra el COVID-19

- Dolor en área de inyección
- Enrojecimiento en el área de inyección
- Dolor de cabeza
- Malestar general
- Fiebre

Si se presentan síntomas diferentes a los comunes, díjales al establecimiento de salud más cercano.

INFORMACIÓN IMPORTANTE

- Para garantizar la inmunidad usted debe recibir las dos (2) dosis de la vacuna contra COVID-19 en el tiempo establecido.
- Debe continuar con las medidas sanitarias dispuestas por las autoridades (uso de mascarilla, lavado de manos, distanciamiento físico), hasta que se dispongan cambios según el comportamiento epidemiológico del COVID-19.

Recuerde estar atento a su próxima cita:
El día 21/8/21

Contacto: *822

Ministerio de Salud y Protección Social (MSPS) - República Dominicana

REPUBLICA DOMINICANA
MINISTERIO DE SALUD PÚBLICA
PROGRAMA AMPLIADO DE INMUNIZACIÓN

PARTE DE VACUNACIÓN COVID-19

DATOS PERSONALES

Nombre y Apellido: Dr. Amargosa

Edad: 46

Documento de Identidad: D15842509

DATOS DE VACUNACIÓN

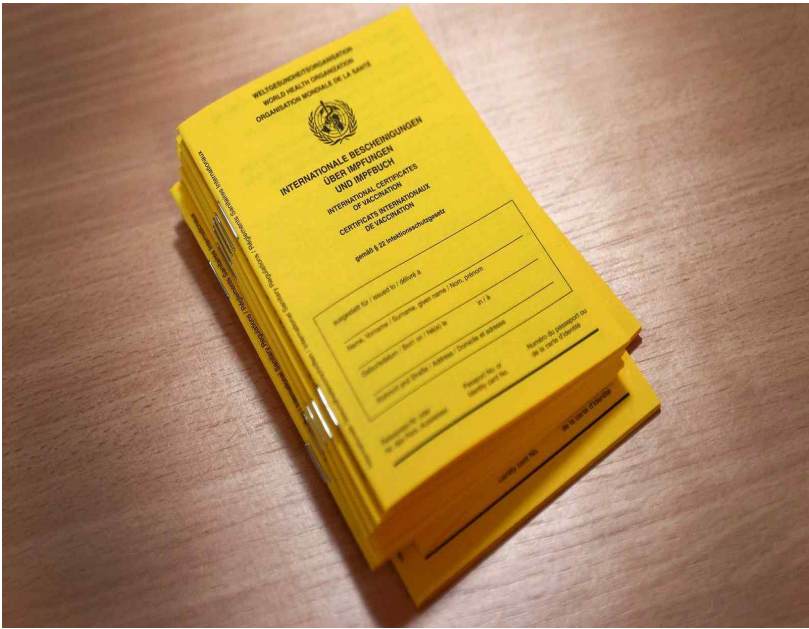
Dosis	Laboratorio	Lote	Fecha de vacunación (dd, mm, aaaa)
1ra. Dosis COVID-19	<u>Amvac</u>	<u>102103011</u>	<u>5/5/21</u>
2da. Dosis COVID-19	<u>Amvac</u>	<u>102103008</u>	<u>21/8/2021</u>
Vacunador dosis 1	<u>Dr. Amargosa</u>		
Vacunador dosis 2	<u>Dr. Amargosa</u>		

Centro de Vacunación: PAI

vacu note

25. 독일

- 종이증명서 -



26. 동티모르

- 종이증명서 -



CARTÃO DE VACINAÇÃO COVID-19

Nome/Name/Noran: Seo Munjung

Idade/Age/Tinan: 37

Sexo/Sex/Sexu: F

Número identidade/identity Number/Id. Identidade: 6429H1026

Residência/Address/Endereço: Fatuhaba

Número telemovel/Phone number/Númeru telefone: 77731733

COVID-19 Case: _____

Vacinação COVID-19 1ª dose
COVID-19 vaccination 1st dose
Vasina COVID-19 doze 1

Data para 1ª dose: 18/04/21

Data	Local de vacinação	Produto	Profissional de Saúde
<u>18/04/21</u>	<u>SSC</u>	<u>ASIA TMAU</u>	<u>SSC</u>

AEFI após a 1ª dose/AEFI following 1st dose/AEFI depois dose 1

☐ SIM/YES/LOOS ☐ NÃO/NO/LAE

Sim, tratamento: _____

Yes, treatment: _____

Loos, tratamento: _____

Vacinação COVID-19 2ª dose
COVID-19 vaccination 2nd dose
Vasina COVID-19 doze 2

Data	Local de vacinação	Produto	Profissional de Saúde

AEFI após a 2ª dose/AEFI following 2nd dose/AEFI depois dose 2

☐ SIM/YES/LOOS ☐ NÃO/NO/LAE

Sim, tratamento: _____

Yes, treatment: _____

Loos, tratamento: _____

27. 라오스

Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

Ministry of Health
Department of Hygiene and Health Prevention
Mother and Child Health Center
Expanded Programme on Immunization
Vientiane Capital, Km3 Thadeua Road
Tel: 021 840 142
Fax: 021 840 141

No: 1140
MCH/TFI
Vientiane Capital, 03 MAY 2021

Certificate of Vaccinations

Director of the MCH Center and the Manager of the National Immunization Program has certified that:

Name and Surname: [REDACTED]

Sex: Female

Date of birth: [REDACTED] Birth weight: 3 Kg

Place of birth: Seoul, Korea

Address in Laos: House No: 829

District: Sisattanak

Pass-Port number: [REDACTED]

Unit No: 30 Village: Donekoy

Province: Vientiane Capital

Date of issuance: 10/05/2018

Has received following vaccinations:

Antigens: _____ Date of vaccinations: _____

- SANR - COV - Vaccine (Vero cell) SinoPharm 03/04/2021
- SANR - COV - Vaccine (Vero cell) SinoPharm 03/05/2021

Remark: Other vaccines are not available.

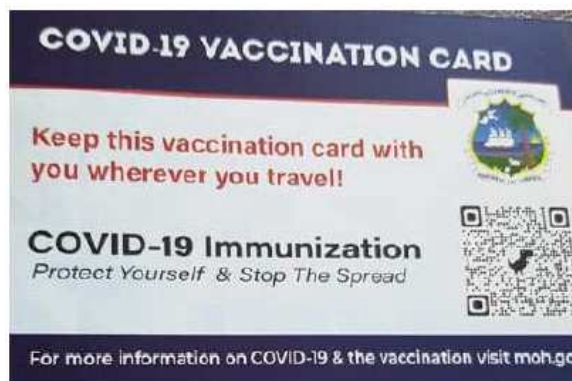
Director of the MCHC



ດຣ. ພ. ວຽງຂັນ ພິໄຊ
Dr. Viengkhan PHIXAY

28. 라이베리아

- 종이증명서 -



29. 라트비아

- 디지털 증명서 -



- 종이 증명서 -

VESELĪBAS CENTRS 4

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

VĀRDS, UZVārds
NAME, SURNAME _____

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

LV PERSONAS KODS
LV PERSONAL CODE _____

PASES/ID KARTES NUMURS
PASSPORT /ID CARD NUMBER _____

VAKCĪNAS NOSAUKUMS
NAME OF VACCINE _____

VAKCĪNAS SĒRIJAS NR.
SERIAL NUMBER _____

VAKCINĀCIJAS STATUSS
STATUS IN VACCINATION ☐ UZSĀKTA STARTED ☒ PABEIGTA COMPLETED

VAKCINĀCIJAS DATUMS (dd/mm/yyyy)
DATE OF VACCINATION (dd/mm/yyyy) _____

1. DEVA
1st DOSE _____

2. DEVA
2nd DOSE _____

(Ja 2. deva ir nepieciešama)
(when 2nd dose is required)

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

ĀRSTNIECĪBAS IESTĀDES NOSAUKUMS
NAME OF HEALTHCARE INSTITUTION _____

ĀRSTNIECĪBAS PERSONA
HEALTHCARE PROVIDER _____

(Specialitāte, vārds, uzvārds)
(specialty, name, surname)

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

(paraksts/signature)

30. 러시아

31. 레바논

- 전자증명서 -

AA

covax.moph.gov.lb

بطاقة تلقيح خاصة بالكوفيد
19
Covid-19 Vaccination Record
Card

الجمهورية اللبنانية
وزارة الصحة
العامة

Date of الولادة
birth

Name الاسم

Nationality الجنسية

ID رقم مستند التعريف
number

الجرعة الأولى
First Dose

مركز التلقيح
Vaccination Site
مستشفى المقاصد

تاريخ أخذ اللقاح
Vaccination Date
15:15 25/02/2021

نوع اللقاح
Manufacturer
Pfizer, BioNTech

رقم المجموعة
Lot Number
PAA156571

الجرعة الثانية
Second Dose

مركز التلقيح
Vaccination Site
مستشفى المقاصد

تاريخ أخذ اللقاح
Vaccination Date
15:15 18/03/2021

نوع اللقاح
Manufacturer
Pfizer, BioNTech

رقم المجموعة
Lot Number
paa156571

الرمز المشفر
QR Code

- 종이증명서 -

(발행처 : UNIFIL, 발행대상 : UNIFIL 단원으로 UNIFIL 제공 백신 접종을 완료한 자)

국제공인 예방접종증명서
INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

이름 Name **[REDACTED]** 성별 Sex **M**
생년월일 Date of Birth **[REDACTED]** 적 Nationality **KOREA**
신분확인서류(가능한 경우)
National Identification document, if applicable _____
서명 Signature _____ 인

이 증명서는 위 사람이 「국제보건규칙」에 따라 (질병이나 상태의 명칭) **YELLOW FEVER** 에 대한 예방접종이나 예방적 투약을 받았음을 증명합니다.
This is to certify that the above person has been vaccinated or received prophylaxis against (name of disease or condition) in accordance with the International Health Regulations.

백신 또는 예방조치 Vaccine or prophylaxis	일자 Date	담당 의료인의 직급과 서명 Signature and professional status of supervising clinician	백신이나 예방 조치의 제조사와 제조번호 Manufacturer and batch No. of vaccine or prophylaxis	유효일 Certificate valid From _____ until _____	국제공인 예방접종 확인 중인 Official stamp of administering center
1. YELLOW FEVER	18. Aug. 2020	[REDACTED]	Sanofi Pasteur R3H49	28. Aug. 2020	[REDACTED]
ChAdOx1 nCoV-19 Vaccine COVISHIELD B. No-41212005	31.07.2021	[REDACTED]	LEBANON		[REDACTED]
ChAdOx1 nCoV-19 Vaccine COVISHIELD B. No-41212005	21 June 2021	[REDACTED]	Dose 2		[REDACTED]

120mm x 65mm (원색 지 150g/m²)

UNIFIL MEDICAL SECTION

Name : **[REDACTED]**
UN ID No. : **80...382562**
TCC/Unit : **Korea**

Do you Have Allergy	Yes	No
		☒

Vaccine	Date	Time	Signature
1st Dose	13.5.21	14.27	[REDACTED]
2nd Dose	21/6/21	09.01	[REDACTED]

32. 루마니아

- 종이증명서 -

GUVERNUL ROMÂNIEI
MINISTERUL SĂNĂTĂȚII

Adeverință de vaccinare
Vaccination certificate

NUME PRENUME / NAME SURNAME
[REDACTED]
Sex / Sex F Varsta / Age 33
Judet domiciliu / Address
Seria Numar CI (Identity card) / KOR **[REDACTED]**

INFORMATII DESPRE VACCIN / VACCINE INFO

Doza 1 (Dose 1) Tip vaccin(Type of vaccine): Vaccin împotriva COVID19
Produs (Product) Pfizer - BIONTech / LotNr (Batch no): EW2243
Data expirării (Expiration date) 31-07-2021
Data vaccinării (Date of vaccination) 14-04-2021

Doza 2 (Dose 2) Tip vaccin(Type of vaccine): Vaccin împotriva COVID19
Produs (Product) Pfizer - BIONTech / LotNr (Batch no): EY2172
Data expirării (Expiration date) 31-08-2021
Data vaccinării (Date of vaccination) 05-05-2021

DATE DESPRE CENTRUL DE VACCINARE

Nume centru de vaccinare / Name of vaccination center
Academia Romana_CMDTA
Județul / County
Bucuresti

This document is signed by

Signatory	Date/Time	Issuer-Certificate	Serial-No.	Method
[REDACTED]	Wed May 05 13:13:02 EEST 2021	OID.2.5.4.97-VATRO-18288250, CN=certSIGN Qualified CA, O=CERTSIGN SA, C=RO	10528610325548798918863849364	sha256

Note
Acest document a fost semnat digital pentru a preveni modificările

Registru 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 acestuia să își țină evidența între cele două vizite la centru de vaccinare (doza inițială și rapel) și a cunoaște 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)
https://www.vaccinare-covid.gov.ro

Institutul Național de Sănătate Publică
Str. Dr. A. Leonte, Nr. 1 - 3, București, ROMÂNIA
Telefon: (+4021) 318 36 20
https://adulti.renv.ro

- 전자증명서 -



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 centrul de vaccinare (doza inițială și rapel) și a cunoaște 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, București, ROMÂNIA
Telefon: (+4021) 318 36 20

<https://adulti.renv.ro>

10094263 2702870 32012421

NUME PRENUME / NAME SURNAME

Sex / Sex F Varsta / Age 33
Judet domiciliu / Address
Seria Numar CI (Identity card) / KOR

INFORMATII DESPRE VACCIN / VACCINE INFO

Doza 1 (Dose 1) Tip vaccin(Type of vaccine): Vaccin împotriva COVID19
Produs (Product) Pfizer - BIONTech / LotNr (Batch no): EW2243
Data expirării (Expiration date) 31-07-2021
Data vaccinării (Date of vaccination) 14-04-2021

Doza 2 (Dose 2) Tip vaccin(Type of vaccine): Vaccin împotriva COVID19
Produs (Product) Pfizer - BIONTech / LotNr (Batch no): EY2172
Data expirării (Expiration date) 31-08-2021
Data vaccinării (Date of vaccination) 05-05-2021

DATE DESPRE CENTRUL DE VACCINARE

Nume centru de vaccinare / Name of vaccination center
Academia Romana_CMDTA
Judetul/ 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	Tue May 18 14:34:11 EEST 2021
	Issuer-Certificate	OID.2.5.4.97=VATRO-18288250, CN=certSIGN Qualified CA, O=CERTSIGN SA, C=RO
	Serial-No.	10528610325548798918863849364
	Method	sha256
Note	Acest document a fost semnat digital pentru a preveni modificările	

33. 룩셈부르크

- 종이증명서 -

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 / Name [REDACTED] Prénom / First name [REDACTED]
Numéro d'identification / Identification number [REDACTED] Sexe / Sex : M
Date de naissance / Date of birth [REDACTED]
Date d'émission du certificat / Date of certificate [REDACTED] Date de la dernière vaccination / Last vaccination date : 03/06/2021 07:43

Date de vaccination / Vaccination date	Vaccin / Vaccine	Lot / Lot	Dose n° / N° of dose	Lieu de vaccination / Place of vaccination	Administré par / Administered by
06/05/2021 08:06	Cominaty (BioNTech/Pfizer)	EW6125	Première dose	Centre de vaccination Victor Hugo - Limpertsberg	[REDACTED]
03/06/2021 07:43	Cominaty (BioNTech/Pfizer)	FC8889	Seconde dose	Centre de vaccination Victor Hugo - Limpertsberg	[REDACTED]

Nombre de doses nécessaires : 2
Number of doses required : 2

Nombre de doses administrées : 2
Number of doses administered : 2

Dr. Jean-Claude Schmit
Directeur de la santé.



Scannez le QR code ou l'adresse avec l'application GouvCheck
Scannez QR code oder Adresse mit GouvCheck

GouvCheck

App Store Google Play

Direction de la santé | 5, rue de Bilsburg, L-1273 Luxembourg
Téléphone : (+352) 247 65533 | helpe@vac-covid19.lu
<http://www.spa.lu>

34. 르완다



Republic of Rwanda
Ministry of Health



Rwanda
Biomedical
Centre
Healthy People, Wealthy Nation

COVID-19
ICYEMEZO CYUWAKINGIWE
VACCINATION CERTIFICATE
CERTIFICAT DE VACCINATION

Barcode

Passport/Support/Resort/ID

Yavuze/Date of birth/Date de naissance

Dose 1	Dose 2
2021-03-08 Pfizer, ER7449	2021-04-06 Pfizer, ER7449

Byemweze na Aporogamu y'igihugu y'ibikorwa
Certified by the National Vaccination Programme
Certifié par le Programme national de vaccination



www.rbc.gov.rw | info@rbc.gov.rw | P.O. Box 7162 Kigali | Phone: 114/+250 789 198 119

35. 리비아

- 종이 증명서 표지 -



- 종이 증명서 내지 -

التطعيم ضد فيروس كورونا
COVID-19 Vaccination

تاريخ التطعيم Vaccination Date	رقم اللبنة Batch Number	الشركة Manufacturer	التطعيم Vaccine
	☐ AstraZeneca	☐ AstraZeneca	الجرعة الأولى First Dose
	☐ Moderna	☐ Moderna	
	☐ Pfizer	☐ Pfizer	
	☐ Johnson & Johnson	☐ Johnson & Johnson	
	☐ Sputnik V	☐ Sputnik V	
	☐ AstraZeneca	☐ AstraZeneca	الجرعة الثانية Second Dose
	☐ Moderna	☐ Moderna	
	☐ Pfizer	☐ Pfizer	
	☐ Sputnik V	☐ Sputnik V	

الاسم:

تاريخ الميلاد:

الرقم الوطني:

الجنسية:

رقم جواز السفر:

البلدية/المدينة:

اسم المركز الصحي:

في حالة ظهور أي أعراض بعد تلقي التطعيم يرجى الاتصال برقم طوارئ صحة المجتمع 195
In case of any adverse events please report to NCDC's emergency phone 195

36. 리투아니아

- 증명서 (리투아니아 자체 발급) -


National Certificate



Name, Surname
Vardenis Pavardenis

Year of birth
1985

Date of issue
2021-05-21 10:44

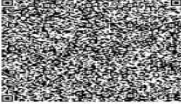
Valid until
2021-05-28 10:44

National Certificate
Contact activities are allowed

Download PDF

- 증명서 (EU Digital COVID Certificate) -









Surname(s) and forename(s)
Pavardė Vardas
SIMONAITYTĖ ŽIVILĖ

Date of birth
Gimimo data
1986-01-17

Unique certificate identifier
Unikalus pažymėjimo identifikatorius
URN:UVC1:01:LT:1420039DOKTEL2S9W2YF7#6



Vaccination Certificate
Skiepijimo pažymėjimas

Disease or agent targeted
Tirama liga arba sukėlėjas
COVID-19

Vaccine/prophylaxis
Vakcina/Profilaktinio gydymo rūšis
SARS-CoV-2 antigen vaccine

Vaccine medicinal product
Vakcinos pavadinimas
COVID-19 Vaccine Janssen

Vaccine marketing authorisation holder or manufacturer
Vakcinos gamintojas
Janssen-Cilag International

Number in a series of vaccinations/doses and the overall
Dozės numeris/iš viso dozių
1/1

Date of vaccination
Skiepijimo data
2021-05-24

Member State of vaccination
Skiepijimo valstybė narė
Lithuania

Certificate issuer
Pažymėjimą išdavęs subjektas
Valstybės įmonė Registrų centras (State Enterprise Centre of Registers)

Additional Information
Papildoma informacija

Šis pažymėjimas nėra kelionės dokumentas. Moksliniai įrodymai dėl COVID-19 skiepimo, tyrimo ir pasveikimo nuolat keičiasi, atsizvelgiant į visus naujas, susijusias kelionės atmainas. Prieš keliaudami prašome patikrinti kelionės taisyklų taikytinas visuomenės sveikatos priemones ir susijusius apribojimus.

Aktuali informacija galite rasti čia:
<https://reopen.europa.eu/lt>

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 traveling, 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>

37.마다가스카르

- 종이증명서 - (마다가스카르 정부 접종증명서)





N° 026109
EPJ 82 27 18 83



Karatra Vaksiny
CARTE DE VACCINATION

Anarana
Nom

Fanampin'anarana
Prénom

Daty nahaterahana
Date de naissance

Laharana kara-panondro
Numéro CIN

Asa aman-draharaha
Profession

Nom du vaccin: **COVISHIELD**

1ère dose
Nom produit
N° du lot:

2ème dose
Nom produit
N° du lot:

Date: **27/06/21**

Date: **27/06/21**

Site de vaccination: **hopital**

Site de vaccination: **hopital**

NB: Apposez le cachet sur la partie vide

Mifiro tsara ity karatra ity mitanany ny mahakasika ny mombamomba ny vaksiny naho anao
Veuillez conserver cette carte, qui comprend des informations médicales sur les vaccins que vous avez reçus

(앞)

(뒤)

- 종이증명서 - (유엔 접종증명서)



International Certificate of Vaccination or Prophylaxis
International Health Regulations (2005)



Certificat international de vaccination ou de prophylaxie
Règlement sanitaire international (2005)

Issued to / Délivré à

Passport number or travel document number
Numéro du passeport ou du document de voyage

INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] _____

date of birth _____ sex _____

nationality _____

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 Vaccin ou agent prophylactique	Date	Signature and professional status or supervising clinician Signature et titre du clinicien responsable	Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from: until: Certificat valable à partir du : jusqu'au :	Official stamp of the administering centre Cachet officiel du centre habilité
1.					
2.					
3.					

* Requirements for validity of certificate on page 2.

CERTIFICAT* INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom] _____

né(e) le _____ de sexe _____

et de nationalité _____

document d'identification national, le cas échéant _____

dont la signature suit _____

a été vacciné(e) ou a reçu des agents prophylactiques à la date indiquée contre : (nom de la maladie ou de l'affection) _____

conformément au Règlement sanitaire international.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date	Signature and professional status or supervising clinician Signature et titre du clinicien responsable	Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from: until: Certificat valable à partir du : jusqu'au :	Official stamp of the administering centre Cachet officiel du centre habilité
1.					
2.					
3.					

* voir les conditions de validité à la page 3.

38. 마셜제도

- 종이증명서 -

(앞면)

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: **Sept. 2. 68** First Name: **72284** MI: _____

Date of birth: _____ Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Moderna 003A21A	4 / 1 / 21 mm dd yy	Ryan J
2 nd Dose COVID-19	Moderna 003A21A	4 / 29 / 21 mm dd yy	Ryan J
Other		mm / dd / yy	Ryan J
Other		mm / dd / yy	Ryan J

(뒷면)

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

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	4 / 29 / 21 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.
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.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite [espanol.cdc.gov/coronavirus/2019-ncov/index.html](https://www.espanol.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.
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.

09/03/20 MLS-119813.2

39. 마이크로네시아

40. 마카오

- 종이증명서 -



衛生局
Serviços de Saúde

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

新型冠狀病毒疫苗接種證明書

Certificado de vacinação contra a covid-19
COVID-19 Vaccination Certificate

茲證明
Certifica-se que
This is to certify that

姓名: **LEE, JOYCE**
Nascido em
Date of birth

出生日期: **14/04/2021** (日/月/年)
(dia/mês/ano)
(day/month/year)

性別: **女**
Sexo
Sex

身份證明文件類別
Tipo de documento de identificação
Type of identity document

澳門永久居民身份證
Bilhete de identidade de residente permanente da RAEM
Macao SAR Permanent Resident Identity Card

證件編號: **1500003715**
N.º documento
Document No.

接種日期(日/月/年) Data(dia / mês / ano) Date(day/month/year)	疫苗種類 Tipo de vacina Type of vaccine	生產商和批號 Fabricante e n.º lote da vacina Manufacturer Lot no.	接種機構 Local de Administração Administering Body
第1劑: 1.ª dose 1st dose	17/03/2021 mRNA疫苗 Vacina de mRNA mRNA vaccine	BioNTech 210102	海洋花園衛生中心 Centro de Saúde Centro de Saúde dos Jardins do Oceano Ocean Gardens Health Centre
第2劑: 2.ª dose 2nd dose	14/04/2021 mRNA疫苗 Vacina de mRNA mRNA vaccine	BioNTech 1B002A	海洋花園衛生中心 Centro de Saúde Centro de Saúde dos Jardins do Oceano Ocean Gardens Health Centre

海洋花園衛生中心
Centro Saúde dos Jardins
do Oceano

負責醫生/護士簽名
Assinatura do profissional de saúde responsável
Signature of responsible health personnel

衛生局樣式 639
SS - Mod. 639

A4 規格印於 2020年 8月
Formato A4 Imp. Ago. 2020

姓名: **LEE, JOYCE**
Nome/Name

性別: **女 F** 出生日期: **14/04/2021**
Sexo/Sex Nascido em/ Date of birth

證件編號: **1500003715**
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	2021-02-22
Inactivated	CNBG(Beijing)	202012325	2021-03-29

41. 말라위

- 종이증명서 -

일반 국민 백신접종 카드(상단), 국제기구(UN 및 WHO 등) 접종카드
(2차 접종 완료)

COVID-19 VACCINATION CARD

SURNAME: KANG
 FIRST NAME: JI HCON PROF/DR/MR/MRS/MS.: DR.
 DATE OF BIRTH: 17/07/1960 NATIONAL ID: _____
 RESIDENTIAL PHYSICAL ADDRESS (VILLAGE): Area 3
 T/A: _____
 DISTRICT: LL VACCINATION PLACE (DISTRICT): LILONGWE
 HEALTH FACILITY: KCH HF CODE#: KCH

COVID-19 doses	Product/vaccine type	Batch number	Date vaccinated	Date of next vaccination	Vaccinator's initials
COVID-19 Dose 1 (First contact)	AstraZeneca	41202029	18/5/21	19/5/21	f.p
COVID-19 Dose 2 (8-12 weeks after COVID-19 first dose)	AstraZeneca	41202029	9/6/21		

Note: This is not a vaccination certificate

OTHER VACCINATIONS / AUTRES VACCINATIONS

Disease targeted Maladie visée	Date	Manufacturer, brand name and batch no. of vaccine Fabricant du vaccin, marque et numéro du lot	Next booster (date): Prochain rappel (date):	Official stamp and signature Cachet officiel et signature
Astra Zeneca COVID-19 Batch No: 41202029	18/5/21	TPHIN ECHN	13/5/21	Deayang Luke Hospital
Astra Zeneca COVID-19 Batch No: 41202029	9/6/21	TPHIN ECHN		09 JUN 2021 P.O. Box 30330 Lilongwe 3 Tel: 01 711 398

42. 말레이시아

- 전자증명서 -

1. 말레이시아 코로나19 포털 모바일 앱(MySejahtera) 화면 갈무리

MySejahtera

COVID-19 Status Hotspot Helpdesk
 Digital Health COVID-19 Vaccination More

Things to know Things to do

Hi, **Kim!**
 You have no pending tasks, thank you for your cooperation.

MySejahtera Statistics Check-in Profile

접속화면

Profile

This is the QR code for your MySejahtera profile. Please show this to authorities when requested

SAMPLE

COVID-19 Vaccination Digital Certificate

성명
신분증 번호

Klinik Keluarga DTHO, Wangsa Maju

접종장소
(병원)

Dose 1:
 Date: 28-Apr-2021 09:35 AM
 Manufacturer: COMIRNATY
 Concentrate for Dispersion for Injection
 Batch: ET3045

Dose 2:
 Date: 24-May-2021 01:44 PM
 Manufacturer: COMIRNATY
 Concentrate for Dispersion for Injection
 Batch: EX6564

Show QR

MySejahtera Statistics Check-in Profile

세부내역

- 전자증명서 -

2. 말레이시아 코로나19 백신접종 포털 웹사이트 상 접종 확인 메뉴 화면 갈무리

- <https://www.vaksincovid.gov.my/en/check-status/>에서 접종자
개인정보(신분증/여권 및 휴대전화 번호) 입력 후 확인

The screenshot shows the 'CHECK YOUR VACCINATION APPOINTMENT' page on the Vaksincovid.gov.my website. The page has a dark blue header with the title and a clipboard icon. Below the header, there's a navigation bar with 'REGISTER', 'CHECK', 'STATISTICS & INFO', 'FAQ', 'ABOUT US', and 'MORE'. The main content area is titled 'Your vaccination status' and displays two vaccination records. Each record includes fields for Name, MyKad No./Passport No., Phone Number, Appointment (DOS 1 and DOS 2), Health Facility (Klinik Keluarga DTHO, Wangsa Maju), Location of Vaccine Administration Centre (Jalan Jelatek), Appointment Status (COMPLETED), Appointment Date (28-4-2021 and 19-5-2021), and Appointment Time (AM). At the bottom, there's a contact information section with a call button labeled '> CALL 1800 888 828' and social media icons for Facebook, Instagram, Twitter, YouTube, and Telegram.

Name	MyKad No./Passport No.	Phone Number
[REDACTED]	[REDACTED] 39	012 [REDACTED]

Appointment	Health Facility	Location of Vaccine Administration Centre
DOS 1	Klinik Keluarga DTHO, Wangsa Maju	Jalan Jelatek,

Appointment Status	Appointment Date	Appointment Time
COMPLETED	28-4-2021	AM

Appointment	Health Facility	Location of Vaccine Administration Centre
DOS 2	Klinik Keluarga DTHO, Wangsa Maju	Jalan Jelatek,

Appointment Status	Appointment Date	Appointment Time
COMPLETED	19-5-2021	AM

For further enquiries, kindly contact the National COVID-19 Vaccination Line for further details.

> CALL 1800 888 828

LATEST INFORMATION HERE!

To make an enquiry, please contact us

※ 위 접종 확인 화면에서는 접종 백신 종류는 표시하지 않고 있으나 말레이시아는 7.1. 현재 코로나19 백신 가운데 화이자, 아스트라제네카, 시노백 등 3종만 접종 실시중임.

43. 말리

- 종이증명서 -

(앞면)

MINISTÈRE DE LA SANTE
ET DU DEVELOPPEMENT
SOCIAL

REPUBLIQUE DU MALI
UN PEUPLE - UN BUT - UNE FOI

**CARTE DE VACCINATION CONTRE
LA COVID-19**

Il s'agit d'un dossier individuel qui présente l'historique
des vaccins qui vous ont déjà été administrés. Veuillez
conserver cette carte en lieu sûr et la présenter à l'agent
de santé chaque fois que vous vous faites vacciner ou
que vous avez recours aux services de santé.

Pays : Mali

Numéro d'identification personnel (à partir du
registre de vaccination) : 77

Prénom(s) : [redacted]

Nom : [redacted]

Date de naissance (JJ-MM-AAAA) : [redacted]

Âge : [redacted] Sexe : [redacted]

Profession : Ingénieur

Adresse postale : Quartier du Fleuve

Antécédents d'allergie (Oui/Non) : Oui ☐ Non ☒

Affection existante (Oui/Non) : Oui ☐ Non ☒

(뒷면)

Éléments	Réponses	Signature et cachet	Date de la prochaine visite (JJ/MM/AAAA)
Date de la première dose (JJ/MM/AAAA)	<u>28/05/21</u>		<u>28/06/21</u>
Nom du vaccin	<u>Asuhaneca</u>		
Numéro du lot	<u>62972006</u>		
Date de péremption (JJ/MM/AAAA)	<u>10/02/21</u>		
Nom du centre de vaccination	<u>Golden Life</u>		
Date de la deuxième dose (JJ/MM/AAAA)	<u>11/11/21</u>		
Nom du vaccin			
Numéro du lot			
Date de péremption (JJ/MM/AAAA)	<u>11/11/21</u>		
Nom du centre de vaccination			

44. 멕시코

- 종이증명서 -

* 임시증명서(1차 접종자에게 발급 후, 2차 접종시 회수) 1/2페이지

GOBIERNO DE MÉXICO | BRIGADA Correccaminos

COMPROBANTE DE VACUNACIÓN CONTRA EL VIRUS SARS-COV2
PERSONA INTERESADA

Fecha de la vacunación: 14.05.21 Marca de vacuna: PFIZER Lote: Eu-2245 Dosis: PRIMERA SEGUNDA ☒

SEXO: M APELLIDO 1: MIN. APELLIDO 2: [redacted] EDAD: 56 años

NOMBRE(S): JAE HOON

CURP (Clave única de registro de población): 0514094025-030997 FOLIO DE REGISTRO MIVACUNA (OPCIONAL): AM-

INFORMACIÓN IMPORTANTE SOBRE TU VACUNA

Vigila tu salud después de aplicarte la vacuna, cualquier signo o síntoma que presentes dentro de los 30 días después de la vacunación, favor de reportarlo de inmediato, esto nos permitirá darte la atención que requieras y mantener actualizado el perfil de seguridad de las vacunas.

Para reportar un evento adverso y encontrar más información sobre la vacunación contra la COVID-19 visita la página vacunacovid.gob.mx O llama al teléfono de la Unidad de Inteligencia Epidemiológica y Sanitaria al 800.0044.800 Para obtener más información sobre la COVID-19 visita: coronavirus.gob.mx

La aplicación de la Política Nacional de Vacunación es de carácter público, ajena a cualquier partido político. Queda prohibido su uso para fines distintos a los establecidos. Se garantiza la protección de los datos personales en cumplimiento con la Ley General de Protección de Datos Personales en Posesión de Sujetos Obligados. Los datos personales y sensibles serán utilizados y vinculados para verificación y confirmación de la identidad dentro del marco de la planeación, implementación y aplicación de la Política Nacional de Vacunación y demás políticas sociales, así como para integrar expedientes y bases de datos necesarias para, en su caso, el otorgamiento y operación de políticas sociales del Gobierno Federal, así como las obligaciones que se derivan de datos y para mantener una base histórica con fines estadísticos y de obligaciones relativas a la transparencia, en términos de la normatividad y disposiciones aplicables. Consulte el aviso integral de privacidad en bienestar.gob.mx y salud.gob.mx Lo anterior se informa en cumplimiento a los artículos 26, 27 y 28 de la Ley General de Protección de Datos Personales en Posesión de Sujetos Obligados. La Política Nacional de Vacunación es de carácter público, ajena a cualquier partido político. Queda prohibido su uso para fines distintos a los establecidos en el Programa.

* 임시증명서(1차 접종자에게 발급 후, 2차 접종시 회수) 2/2페이지

GOBIERNO DE MÉXICO | BRIGADA Correccaminos

FORMATO DE ASIGNACIÓN DE FOLIO PROVISIONAL
ESTRATEGIA DE VACUNACIÓN CONTRA EL VIRUS SARS-COV2

INDIVIDUO: CONX. MUNICIPIO: CUAUHTEMOC.

REGION: CUAUHTEMOC. CENTRO DE VACUNACIÓN: BIBLIOTECA VASCONCELOS.

ALIAS DEL CENTRO DE VACUNACIÓN: [redacted]

DIRECCIÓN DEL CENTRO DE VACUNACIÓN: [redacted]

NOMBRE: JAE HOON MIN PATERNO: [redacted] MATERNO: [redacted]

irva el presente para acreditar que: JAE HOON MIN es una persona mayor de 60 años perteneciente a esta comunidad, que no cuenta con documentos de identificación personal y que es conocida por los habitantes y por lo tanto que corresponde al grupo de personas prioritarias para la aplicación de la vacuna contra el SARS-COV2 conforme a la estrategia Nacional de Vacunación.

Asimismo, se le asigna el folio: 0514094025-030997 on la finalidad de identificarla para futuros trámites relacionados con la vacunación. Manifestamos que todos quienes participamos en este acto nos conducimos con verdad y con conocimiento de las sanciones a las que podemos ser acreedores en caso de proporcionar información falsa.

Persona Solicitante: [Signature] Coordinador de Brigada: [Signature] Testigo de la Comunidad: [Signature] Testigo Servidor de la Nación: [Signature]

FIRMA O HUELLA: [redacted] FIRMA O HUELLA: [redacted] FIRMA O HUELLA: [redacted] FIRMA O HUELLA: [redacted]

La aplicación de la Política Nacional de Vacunación es de carácter público, ajena a cualquier partido político. Queda prohibido su uso para fines distintos a los establecidos.

점점사 및인 서명 기관 조광란 서명 기관(단체) 장광하 서명 정부 담당관 서명

* 접종 완료자에게 발급(현재 주재국 정부 70세 이상에게만 발급, 진위 여부 검증 불가)

45. 모로코

- 디지털 증명서 -

- 종이 증명서 -



الجمهورية الجزائرية
Ministère de la Santé
Ministère de l'Intérieur
ROYAUME DU MAROC

شهادة التلقيح ضد فيروس كورونا المستجد

Certificat de Vaccination contre le SARS-CoV-2
Certificate of Vaccination against SARS-CoV-2

N° de la pièce d'identité (*) :
ID document no (*)

Nom :
Last name

Prénom :
First name

Genre :
Sex

Nationalité :
Nationality

الرقم الوطنية الهوية (*) :

الاسم العائلي :

الاسم الشخصي :

النوع :

الجنسية :

Corée du Sud

الجنسية

تاريخ التلقيح
Date of the shot

الجرعة الأولى
Dose 01

تاريخ التلقيح
30/08/2021

تاريخ التلقيح
Date of the shot

الجرعة الأولى
Dose 01

تاريخ التلقيح
30/08/2021

مركز التلقيح
Centre de vaccination

مركز التلقيح
Centre of vaccination

مركز التلقيح
Centre of vaccination

Vaccin vero cell inactivated anti-sarscov2
Sinopharm

37

Vaccin vero cell inactivated anti-sarscov2
Sinopharm

31

مركز التلقيح
Centre de vaccination

مركز التلقيح
Centre of vaccination

مركز التلقيح
Centre of vaccination

RABAT / SOUSSE /
SEGE RASAT ANIMATION

الرباط / السوسس /
مركز الرباط للأنيميشن

RABAT / SOUSSE /
SEGE RASAT ANIMATION

الرباط / السوسس /
مركز الرباط للأنيميشن

مركز التلقيح
Centre de vaccination

مركز التلقيح
Centre of vaccination

مركز التلقيح
Centre of vaccination

De certificat est valable pendant la durée de validité du vaccin
This certificate is valid during the vaccine validity period

De certificat est valable pendant la durée de validité du vaccin
This certificate is valid during the vaccine validity period

Ce certificat est délivré à l'intéressé pour servir et valoir ce que de droit
This certificate is issued to the interested party to serve and validate what is of right

Ce certificat est délivré à l'intéressé pour servir et valoir ce que de droit
This certificate is issued to the interested party to serve and validate what is of right

تاريخ إصدار الشهادة
Date of emission of the certificate

تاريخ إصدار الشهادة
Certificate issue date

30/08/2021

تاريخ إصدار الشهادة
Date of emission of the certificate

تاريخ إصدار الشهادة
Certificate issue date

30/08/2021

تاريخ إصدار الشهادة
Date of emission of the certificate

تاريخ إصدار الشهادة
Certificate issue date

30/08/2021

تاريخ إصدار الشهادة
Date of emission of the certificate

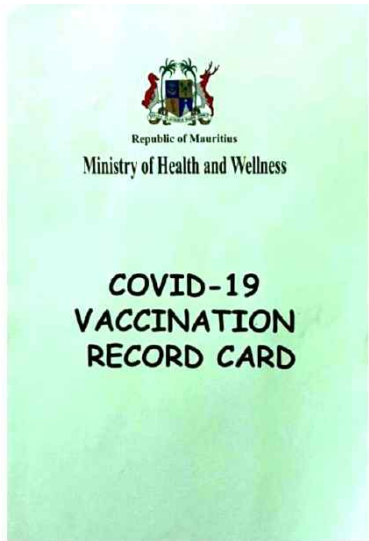
تاريخ إصدار الشهادة
Certificate issue date

30/08/2021

46. 모리셔스

- 종이증명서 - (책자형)

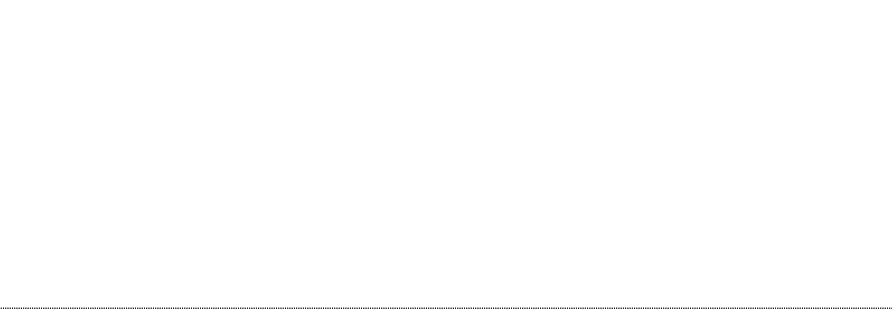
(앞표지)



(뒷표지)



47. 모리타니아



(내용)



48. 모잠비크

- 종이증명서 -

República de Moçambique
Ministério de Saúde
Direção Nacional de Saúde Pública
Programa Nacional de Vacinação - PNIV

CARTÃO DE VACINAÇÃO CONTRA COVID-19

Dados de identificação

Nº de identificação da vacinação contra COVID-19: 010356789012

Nome Completo: Marko Marković

Data Nascimento ou data larval: 15.03.1945

Residência: Primo / Rua da Liberdade / 15 / 1500-000 / Beira

Artigo: 1500-000 Género: M N.º de identificação: 010356789012

Este cartão encontra-se sob o registo de vacinação de COVID-19 em todos os centros de saúde e postos de saúde móveis.

Informação de Vacinação

Nº de Dose	Nome da vacina	Fabricante	Nº do Lote da vacina	Data de validade (mês/ano)	Nome Vacinador	Centro oficial
1ª	<u>Gamma-Covid-Vac</u>	<u>Gamma</u>	<u>1562-32151632</u>	<u>15.03.2021</u>	<u>Dr. Marko Marković</u>	<u>DZ dr Marko Marković</u>
2ª	<u>Gamma-Covid-Vac</u>	<u>Gamma</u>	<u>1562-32151632</u>	<u>15.03.2021</u>	<u>Dr. Marko Marković</u>	<u>DZ dr Marko Marković</u>

Outras doses de reforço:

INFORMAÇÃO ÚTIL:

1. Levar consigo o cartão de vacinação a cada vacinação ou visita médica 2. Certifique-se com os profissionais de saúde se não lhe falta nenhuma dose da rotina das vacinas recomendadas.

3. Para mais informações sobre a vacina COVID-19, ligue para 110 (gratuito para todas as redes) ou visite: <https://www.misau.gov.mz/index.php/informacao-sobre-coronavirus-covid-19>

4. Pode comunicar possíveis reações adversas após a vacinação contra COVID-19 à Unidade Sanitária mais próxima ou ao Sistema de Notificação de Eventos Adversos pelo número 21 303473 / 823035409

49. 몬테네그로

DZ dr Marko Marković

Health Institution / Zdravstvena ustanova



Črna Gora

56394

Confirmation Code / Šifra potvrde

07.04.2021 09:5

Date - Time / Datum - Vrijen

To Whom It May Concern:

This letter is to confirm that **MARKO MARKOVIĆ**, born on **15.03.1945**, with unique citizens ID **0123456789012** has received following COVID-19 vaccines:

Vaccine	Producer	Serial number/ LOT/ BATCH	Date of immunization	Immunization clinic/site
Gamma-COVID-Vac Component I rastvor za inje 1 x 0.5ml (0.5ml/doza ED /)	FSBI "NRCEM N.A. N.F. GAMALEYA"	1562-32151632	22.02.2021	DZ dr Marko Marković
Gamma-COVID-Vac Component I rastvor za inje 1 x 0.5ml (0.5ml/doza ED /)	FSBI "NRCEM N.A. N.F. GAMALEYA"	1562-32151632	15.03.2021	DZ dr Marko Marković

Patient has been educated and informed on the epidemiology of novel coronavirus (SARS-CoV-2) as well as on preventive measures that are to be taken in the community and during international travel.

Ovim dokumentom se potvrđuje da je **MARKO MARKOVIĆ**, rođen/a dana: **15.03.1945**, sa JMBG: **0123456789012** primio/la sledeće COVID-19 vakcine:

Vakcina	Proizvođač	Serijski broj / LOT/ BATCH	Datum imunizacije	Vakcinalni punkt/ZU
Gamma-COVID-Vac Component I rastvor za inje 1 x 0.5ml (0.5ml/doza ED /)	FSBI "NRCEM N.A. N.F. GAMALEYA"	1562-32151632	22.02.2021	DZ dr Marko Marković
Gamma-COVID-Vac Component I rastvor za inje 1 x 0.5ml (0.5ml/doza ED /)	FSBI "NRCEM N.A. N.F. GAMALEYA"	1562-32151632	15.03.2021	DZ dr Marko Marković

Pacijent je edukovan i upoznat o epidemiološkim karakteristikama obolijevanja od novog korona virusa (SARS-CoV-2) kao i o preventivnim mjerama koje je obavezan sprovesti tokom boravka u zajednici i međunarodnih putovanja.



This certificate is valid without signatures and seals / Ova potvrda važi bez potpisa i pečata

50. 몰도바

- 종이증명서 -

Anexa nr. 12
La ordinul MSMPS
Nr. 93 din 05.04 2021

Certificat de vaccinare împotriva Covid-19

Свидетельство о вакцинации против COVID-19
Vaccination certificate against COVID-19

NUME PRENUME / ИМЯ ФАМИЛИЯ / NAME SURNAME:

Sex / Секс / Sex: _____ Vârsta / Возраст / Age: _____

IDNP / Удостоверение личности / ID: _____

Domiciliu / Адрес / Address: _____

INFORMAȚII DESPRE VACCIN / ИНФОРМАЦИЯ О ВАКЦИНАХ / VACCIN INFO

Tip vaccin / Тип вакцины / Type of vaccine: VACCIN ÎMPOTRIVA COVID-19

Doza 1 Доза 1 Dose 1	Produs / Производить / Product	Lot număr / серийный номер / Batch no	Data Vaccinării / Дата вакцинации / Date of vaccination

Doza 2 Доза 2 Dose 2	Produs / Производить / Product	Lot număr / серийный номер / Batch no	Data Vaccinării / Дата вакцинации / Date of vaccination

Centrul de vaccinare / Центр вакцинации / Vaccination center:

Semnătura responsabilului

Ștampila

- 전자증명서 -



Ministerul Sănătății, Muncii și Protecției Sociale al Republicii Moldova (MSMPS)
Министерство Здравоохранения, Труда и Социальной Защиты Республики Молдова (МЗТС)
Ministry of Health, Labor and Social Protection of the Republic of Moldova (MoHLSP)



Ministry of Health, Labor and Social Protection of the Republic of Moldova (MoHLSP)

Certificat de vaccinare împotriva Covid-19

Свидетельство о вакцинации против COVID-19
Vaccination certificate against COVID-19

Vaccination certificate against COVID-19

IDNP / IDN ID:

Name / Фамилия / Name:

Prenume / Имя / NAME Surname:

Sex / Пол / Sex:

Data nașterii / Дата рождения / Date of birth:

ID:

Name:

NAME Surname:

Sex:

Date of birth:

INFORMAȚII DESPRE VACCIN

ИНФОРМАЦИЯ О ВАКЦИНАХ / VACCINE INFO

Doza 1 din 2 / Доза 1 из 2 / Dose 1 of 2	
Produs / Производит / Product:	Astra Zeneca
Lot număr / Серийный номер / Batch no	
Data Vaccinării / Дата вакцинации / Date of vaccination	22/04/2021
Doza 2 din 2 / Доза 2 из 2 / Dose 2 of 2	
Produs / Производит / Product:	Astra Zeneca
Lot număr / Серийный номер / Batch no	
Data Vaccinării / Дата вакцинации / Date of vaccination	16/06/2021

Data emiterii / Дата выдачи / Date of issue: 20/07/2021
Țara emiterii / Страна-эмитент / Country of issue: Moldova (MD)
Emis de / Выдано из / Issued from: General electronic
ID certificat / ИД сертификата / ID certificate: V01-MD



VACCINE INFO

Dose 1 of 2	
Product	Astra Zeneca
Batch no	
Date of vaccination	22/04/2021
Dose 2 of 2	
Product	Astra Zeneca
Batch no	
Date of vaccination	16/06/2021

Date of issue: 20/07/2021
Country of issue: Republic of Moldova (MD)
Issued from: Electronically generated
ID certificate: V01-MD

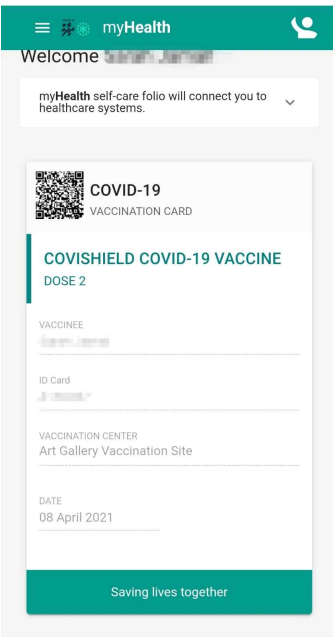


51. 몰디브

- 종이증명서 -

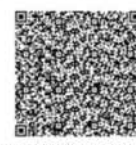


- 전자증명서 -



52. 몰타

- 종이, 전자 증명서(모양 동일) -

 ĊERTIFIKAT TAL-VACĊIN VACCINE CERTIFICATE MALTA MALTA Verifikazzjoni Onlajn Maltija Online Maltese Verification  www.iccertifikavaccin.gov.mt	Kodiċi ta' validazzjoni Validation code D4Z9C8G5E4C2A4C6B5C2I7A9F7E3 Emittent taċ-ċertifikat Certificate issuer Malta KUNJOM u Isem SURNAME and Name JOE DOE Data tat-twelid Date of birth 01/01/1950 Numru tal-passaport jew numru iehor ta' identifikazzjoni tal-persuna Passport number or other identification document number of the person 9999999M L-identifikatur taċ-ċertifikat uniku Unique certificate identifier D4Z9C8G5E4C2A4C6B5C2I7A9F7E3
ĊERTIFIKAT TAT-TILQIM VACCINATION CERTIFICATE Marda jew aġent fil-mira COVID-19 Disease or agent targeted Tilqima/prophylaxis 100030215 Vaccine/prophylaxis Il-prodott mediċinali tat-tilqima EU/1/20/1528 Vaccine medicinal product Detentur tal-awtorizzazzjoni għat-tqeghid fis-suq tat-tilqima Biontech Manufacturing GmbH Vaccine marketing authorisation holder or manufacturer Numru fis-serje tat-tilqima/dozi 2/2 Number in a series of vaccinations/doses and the overall doses Indikazzjoni tad-data meta ttiehdet l-aħħar doża 22/02/2021 Date of latest dose received Pajjiż tat-tilqima Malta Country of vaccination	 Dan id-dokument huwa mahruġ mill-Uffiċċju tas-Superintendent tas-Saħħa Pubblika ta' Malta. This document is issued by the Office of the Superintendent of Public Health in Malta. Data tal-hruġ Issue date 29/05/2021

53. Монгол



ТӨРИЙН МЭДЭЭЛЛИЙН САНГААС ГАРАХ ЛАВЛАГАА, ТОДОРХОЙЛОЛТЫН НЭГДСЭН МАЯГТ

2021 оны 4-р сарын 22-ны өдөр

Засгийн газрын Хэрэг эрхлэх газрын даргын 2019
оны 9 дүгээр сарын 26-ны өдрийн 84 дүгээр
тушаалаар батлагдсан журмын 3 дугаар хавсралт

МОНГОЛ УЛСЫН ЭРҮҮЛ МЭНДИЙН ЯАМ / MINISTRY OF HEALTH OF MONGOLIA ОЛОН УЛСЫН АЯЛЛЫН ЭРҮҮЛ МЭНДИЙН ГЭРЧИЛГЭЭ INTERNATIONAL TRAVEL HEALTH CERTIFICATE

Харьяалал / Nationality

Монгол / Mongolia

Паспортын дугаар / Passport No

E2644558

Эцэг/эхийн нэр / Last name

Лхагвасүрэн / Lkhagvasuren

Нэр / Name

Энхбат / Enkhbat



ПГУ үр дүн / Result of nucleic acid test

Сөрөг (Negative)

Огноо / Date of nucleic acid test

2021/04/14

Ковид-19 Дархлаажуулалт / COVID - 19 Vaccination Хамрагдсан (Vaccinated)

Үйлдвэрлэгч	ТАРИЛГЫН НЭР	ЦУВРАЛЫН ДУГААР	ХАМРАГДСАН ОГНОО
Manufacturer	Vaccine name	Batch number	Date of vaccination
Serum Institute of India	COVISHIELD	4120Z025	Covid-19(I dose) 2021/03/10 Covid-19 (II dose) 2021/04/20

This data has been provided by the Ministry of health of Mongolia. You can verify the document by scanning QR code.



DPLD-ANNT-
A728-0VLLH

Тодорхойлолтын хүчинтэй хугацаа: 2021-04-29 (7 хоног)
Хүсэлт гаргасан хэлбэр: Төрийн үйлчилгээний цахим систем

ХҮР

Энэхүү тодорхойлолт дах мэдээллийн үнэн зөв эсэхийг <https://e-mongolia.mn>
холбоосоор эрх бүхий этгээд нэвтрэн орж шалгах боломжтой.

54. 미국 (전역)

- 종이증명서

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
1 st Dose COVID-19	PFIZER COVID 19 LOT EN6205	2 / 24 / 21 mm dd yy	RITE AID 1870
2 nd Dose COVID-19	PFIZER COVID 19 LOT EN6204	3 / 17 / 21 mm dd yy	RITE AID 1870
Other		mm / dd / yy	
Other		mm / dd / yy	

54. 미국(괌)

- 종이증명서 -

Guam Law requires that children entering schools must be adequately immunized and receive a tuberculin test before they can attend Guam schools.

Name JEONG, [REDACTED] 186 Date of Birth [REDACTED] 1983

Parent/Guardian _____

LIFETIME GUAM IMMUNIZATION RECORD

Vaccine	Enter the month, day and year each immunization was given
DTAP	Diphtheria, Tetanus, Pertussis (pediatric)
DT	Diphtheria, Tetanus (pediatric)
IPV/OPV	Polio
HBIG	Hepatitis B Immune Globulin
Hep B	Hepatitis B
Hib	Haemophilus influenzae type b
MMR	Measles, Mumps, Rubella
Measles	Measles
Mumps	Mumps
Rubella	Rubella
Hep A	Hepatitis A
Tdap	Tetanus, Diphtheria, Pertussis
Td	Tetanus, Diphtheria
MCV/MPSV4	Meningococcal
HPV	Human Papillomavirus
Varicella	Chickenpox
PCV	Pneumococcal Conjugate
TIV/LAIV	Influenza
Rota	Rotavirus
Pneumo Adult	Pneumococcal
Other	COVID-19 mRNA (Pfizer) 04/14/2021, COVID-19 mRNA (Pfizer) 05/24/2021

! = Invalid Dose, WebIZ min age/interval not met ⊗ = Dose determined invalid by provider

TUBERCULIN SKIN TEST

VACCINE	Date Given MM/DD/YY	Date Read MM/DD/YY	RESULTS
			mm induration POS NEG

CERTIFIED BY [Signature]

Last x-ray date: ____/____/____ ☐ NORM. ☐ ABN.
 Treatment: ☐ for PREVENTION ☐ for DISEASE Start Date: _____

FOR GUAM DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES USE ONLY

Signed Carlos R. Taitano, CPP, PMBA Director Title Global Learning and Engagement University of Guam Date 12 JUN 2021

GUAM D.P.H.S.S.

54. 미국 (사이판)

- 종이증명서 -

CNMI Immunization Registry
Official Immunization Record

May 24, 2021

CHCC : STAFF IMMUNIZATION
PO BOX 500409
GARAPAN, MP 96950
870-238-8745

Next Date Of Return: None Specified

Known Patient Allergies/Risks:
Healthcare provider verified history of or diagnosis of Varicella

JOHN SMITH

Patient ID: 'Insert' Gender: 'Insert' DOB: _____
Address: _____

Comments: _____

Immunization History (* = Reaction Specified)

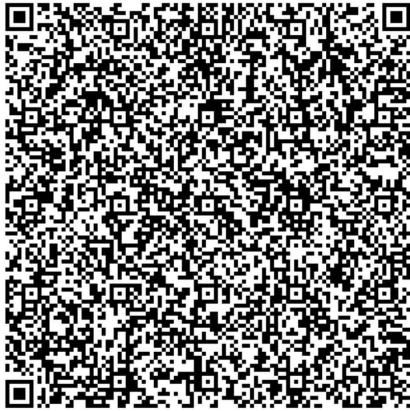
COVID-19	DOSE DATE	AGE	CLINIC

54. 미국(북가주)

- 전자증명서(북가주) -



State of California



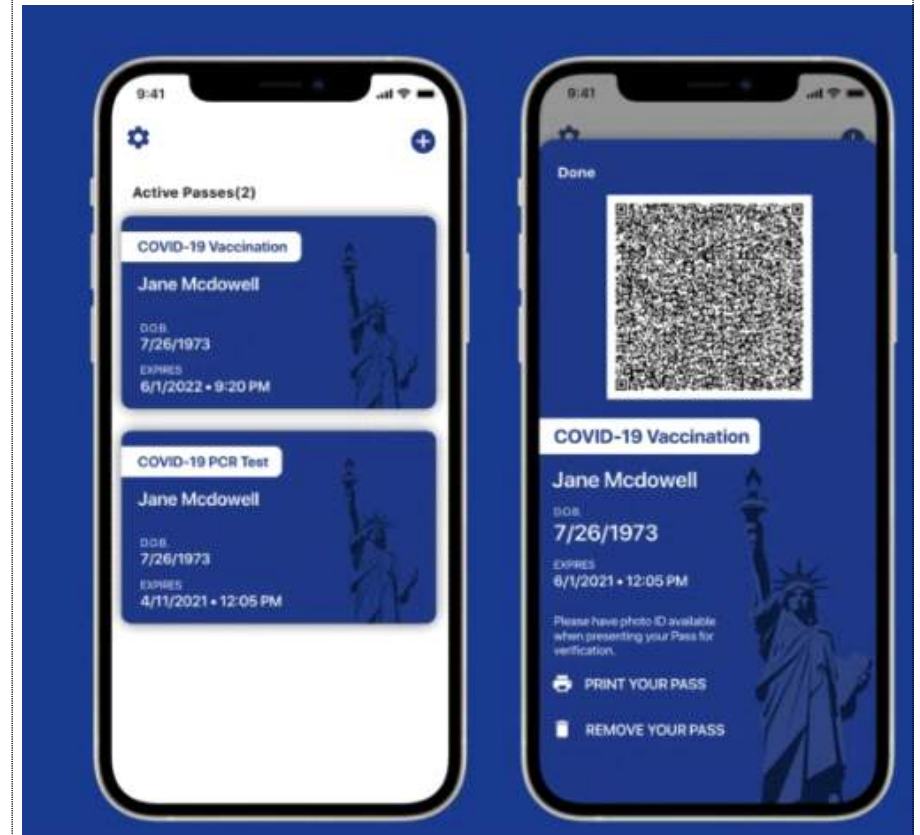
Vaccination Information:

Name [REDACTED]
DOB [REDACTED]
Dose #1 Date: 04/13/2021
Dose #1 Type/Mfr.: Pfizer

Dose #2 Date: 05/04/2021
Dose #2 Type/Mfr.: Pfizer

54. 미국(뉴욕)

- 전자증명서(주정부 관리) -



- 종이증명서(영문) -

၃၇

COVID-19 Immunization Record Card

Name [Redacted] Sex (M or F) Male Age 32-yrs
 NRC No. [Redacted] Occupation [Redacted]
 Phone No. 09 72 11 11 11 Address [Redacted]

Vaccination	Name of drug/ Manufacturer/ Lot No.	Appointment for injection (DD/MM/YY)	Date of completion (DD/MM/YY)	Vaccinator
				Vaccination site
1st time	Covishield 41202018		24.3.2021	Daw Aye Soe Soe Myint (M/W) Thonze SHC.
2nd time		23.4.2021	23.4.2021	Daw Su Su Hlaing (LHV) Thonze SHC.
Other				

Contact call center 2019 for more information about the COVID-19 vaccine.

If you have any health problems after the COVID-19 vaccination, go to the nearest health center / hospital.

24.3.2021 BP = 130/80 mmHg
 23.4.2021 BP = 120/80 mmHg

ဒေါက်တာကိုကို
 ဆေး - ၁၅၉၂၅
 မြန်မာပြည်သူ့ကျန်းမာရေးဦးစီးဌာနမှူး
 နေပြည်တော်

- 종이증명서(현지어) -

[앞 면]

၂၁
၁၁


ကိုဗစ်-၁၉ ကာကွယ်ဆေးထိုးပေးသောကော်မရှင်း
ပြုနယ်ခြင်းသူ၊ ကျန်းမာရေးစစ်ဆေးသူ (ဆင်းစိန်)

အမည် _____ ကား/မ _____ အသက် ၆၆

နိုင်ငံသားစိစစ်ခရောင်းပြင်အမှတ် _____ အထူးကားကိုင် _____ မရရှိပါ

ဝန်ထမ်းစာရင်း _____ ဖုန်းနံပါတ် _____ ၁၂၃၄၅၆၇၈

ကာကွယ်ဆေးထိုးမှုနံပါတ်	ဆေးကုသမှု/လက်ထုပ်လက်မှတ်/ Lot အမှတ်	ဆေးထိုးရက်၊ နေ့၊ နံနက်/ည (ရက်/လ/နှစ်)	ထိုးနှံပြီးသည့်ရက် (ရက်/လ/နှစ်)	ကာကွယ်ဆေးထိုးမှုအမျိုးအမည်၊ ကာကွယ်ဆေးထိုးသူ၏အမည်
ပထမဆုံးထိုးခြင်း	COVISHIELD	၂၁. ၄. ၂၁	၂၁. ၄. ၂၁	၁၂၆၆၆၆၆၆ IPTHC
ဒုတိယဆုံးထိုးခြင်း	COVISHIELD	၁၄. ၅. ၂၁	၁၄. ၅. ၂၁	၁၂၆၆၆၆၆၆ ၁၂၆၆၆၆၆၆
အခြား				

ကိုဗစ်-၁၉ ကာကွယ်ဆေးနှင့် ပတ်သက်၍ သိရှိလိုပါက Call Center ၂၀၁၉ သို့ ဆက်သွယ်ပါ။

ကိုဗစ်-၁၉ ကာကွယ်ဆေးထိုးမှုနံပါတ်၊ ကျန်းမာရေးစစ်ဆေးသူ၊ တစ်ရပ်တည်းထိုးနှံရန်၊ အစိုးရအဖွဲ့မှ အသိပေးထားသည့် အချက်အလက်များကို အသိပေးပါ။

[뒷 면]

၁၂. ၄-၁၃

T - N

b p -

PR -

RBS - 130

BP. 123A1

SPO2 98

PR 79

RSS 102

※ 현지어 증명서의 경우 대사관 공증 필요

- 카드증명서 -

COVID-19 Vaccination Certificate

အမှတ်စဉ်(ရ/န- ၁၅၀၆)

၁။ အမည် **စံမိုး**

၂။ ဖခင်အမည် **ဖု(父)စံမိုး**

၃။ မေးသူ့ရုစံ/အသက် **၆၈ နှစ်** (၃၃/၃၀၂၇)

၄။ နိုင်ငံသားစိစစ်ရေး **အသံစစ်ကုန်**

၅။ ကတ်အမှတ် **(အကျိုးရှိသူများ အကျိုးခံစားခွင့်)**

၆။ ဖုန်းနံပါတ်/လိပ်စာ **၀၉၀၀၀၀၀၀၀၀၀၀၀၀**

This Person was completely vaccinated for COVID-19 diseases.
အထက်ပါလူပုဂ္ဂိုလ်သည် ကာကွယ်ဆေး(၂)ကြိမ်ဆိုးပြီးပြည့်စုံကြောင်းအတိုင်းအမှန်ပါသည်။

၂၃ APR 2021

မြို့နယ်ကြီးသူတန်းမရေချိုးကုသရေးဦးစီးဌာနမှ
နောင်ညိုမြ

56. 민주콩고

- 종이증명서 -

 (콩고민주공화국)

République Démocratique du Congo
Ministère de la Santé Publique

PEV RD CONGO

(COVID-19 예방접종 증명서)

Carte de vaccination contre la COVID-19

Il s'agit d'un dossier individuel qui présente l'historique des vaccins qui vous ont déjà été administrés. Veuillez conserver cette carte en lieu sûr et la présenter à l'agent de santé chaque fois que vous vous faites vacciner ou que vous avez recours aux services de santé.

Pays: RDC (발행국가) Numéro d'identification personnel (à partir du registre de vaccination): 0059 (접종 일련번호)

Prénom(s): HAN (이름) Nom: JOE Date de naissance (JJ-MM-AAAA): 21/04/2001 (성별) Sexe: M Profession: Étudiant

Adresse complète: Avenue Nelson Mandela (생년월일) N° Tél: 091 95 00 001 (전화번호)

Antécédents d'allergie (음식): Oui ☐ Non ☒ Comorbidité (Oui/Non) - Oui ☐ Non ☒

Éléments	Réponses	Signature et cachet	Date de la prochaine visite (JJ/MM/AAAA)
(1차 접종일자) Date de la première dose (JJ/MM/AAAA)	<u>21/04/2001</u>		(2차 접종예정일) <u>27/06/2001</u>
(접종명) Nom du vaccin	<u>Chadoxon Cov-19</u>		
Numéro du lot	<u>BN0:41202029</u>		
Date de péremption (JJ/MM/AAAA)	<u>27/06/2001</u>	(접종기관 서명) <u>Centre Médical</u>	
(접종기관) Nom du centre de vaccination			
Date de la deuxième dose (JJ/MM/AAAA)			
Nom du vaccin			
Numéro du lot			
Date de péremption (JJ/MM/AAAA)			
Nom du centre de vaccination			
Date d'une autre dose (JJ/MM/AAAA)			
Nom du vaccin			
Numéro du lot			
Date de péremption (JJ/MM/AAAA)			
Nom du centre de vaccination			

57. 바누아투

58. 바레인

- 전자 증명서 -

8:34
LTE

BeAware Bahrain

Vaccination Status

Personal Number



حاصل على التطعيم
COVID-19 Vaccinated

View Your Full Vaccination Details

Reporting Issues About Vaccination Status

Location Permission
Location permission is missing, to use this

Home eServices Information Global Statistics

8:34
LTE

Coronavirus Vaccination Certificate



حاصل على التطعيم
COVID-19 Vaccinated

Coronavirus (COVID-19) Vaccination Certificate

Name

Personal Number

Passport Number

Date of Birth

Gender

Nationality

SOUTH KOREAN

Display Certificate's QR Code

59. 바베이도스

- 종이 증명서 -




شهادة التطعيم المضاد لفيروس كورونا (كوفيد-19)
Coronavirus (COVID-19) Vaccination Certificate

Name

Personal Number

Passport Number

Date of Birth

Gender

Nationality

Received Vaccine

First Dose Date

Second Dose Date

الاسم

الرقم الشخصي

رقم جواز السفر

تاريخ الميلاد

الجنس

الجنسية

التطعيم المأخوذ

تاريخ الجرعة الأولى

تاريخ الجرعة الثانية

SOUTH KOREAN

Sputnik V Vaccine

25/02/2021

18/03/2021



Scan QR to Validate





معتمد من قبل
Authorised by

60. বাহামা

61. বাংলাদেশ


 Government of the People's Republic of Bangladesh
 Ministry of Health and Family Welfare
 


 → QR কোড

COVID-19 Vaccination Certificate (বাংলাদেশি বাসিন্দাদের)
 (কোভিড-১৯ ভ্যাকসিন গ্রহণের সার্টিফিকেট)

Beneficiary Details (টিকা গ্রহণকারীর বিবরণ)	Vaccination Details (টিকা গ্রহণের বিবরণ)
Certificate No: <u>ডুয়েলি বাসিন্দা</u> সার্টিফিকেট নং:	Date of Vaccination (Dose 1): <u>১৪-০২-২০২১</u> টিকা গ্রহণের তারিখ (ডোজ ১):
NID Number: <u>নুইড নং (বাংলাদেশি জাতিক)</u> জাতীয় পরিচয়পত্র নং:	Name of Vaccine (Dose 1): <u>বিসিএল</u> টিকার নাম (ডোজ ১):
Passport No: <u>পাসপোর্ট নং</u> পাসপোর্ট নং:	Date of Vaccination (Dose 2): <u>১৩-০৪-২০২১</u> টিকা গ্রহণের তারিখ (ডোজ ২):
Nationality: <u>বাংলাদেশি</u> জাতীয়তা:	Name of Vaccine (Dose 2): <u>বিসিএল</u> টিকার নাম (ডোজ ২):
Name: <u>সিদ্দিক</u> নাম:	Vaccination Center: <u>সিআরসি</u> টিকা গ্রহণের কেন্দ্র:
Date of Birth: <u>১৫-০৩-১৯৮০ (১৫-০৩-৮০)</u> জন্ম তারিখ:	Vaccinated By: <u>ডিরেক্টরেট জেনারেল অফ হেলথ সার্ভিস (DGHS)</u> টিকা প্রদানকারী:
Gender: <u>মহিল</u> লিঙ্গ:	

To verify this certificate please visit www.surokkha.gov.bd/verify or scan the QR code.
 (এই সার্টিফিকেট যাচাই করার জন্য www.surokkha.gov.bd/verify ভিজিট করুন অথবা QR কোডে স্ক্যান করুন।)

For any further assistance, please visit www.dghs.gov.bd or e-mail: info@dghs.gov.bd
 (গ্রহণযোগ্য www.dghs.gov.bd ওয়েব সাইটে ভিজিট করুন অথবা ইমেইল করুন: info@dghs.gov.bd)

In cooperation with






62. 베냉

63. 베네수엘라

- 종이증명서 -

(외부)

Vacuna	Dosis	Fecha	Lote	Firma
*Otras:				
*Otras:				
*Otras:				
*Otras:				
*Otras:				
*Otras:				





TARJETA DE VACUNACIÓN
Escolares y Adultos

Nombre: [Redacted]

Cédula: A13090261 Fecha de nacimiento: 27/02/72 Sexo: M ☐ F ☐

Establecimiento de salud: JUHR

Municipio: Liberador Estado: D.C. Capital

Cooperación técnica   

(내부)

Vacuna	Dosis	Fecha	Lote	Firma
VFA	Única			
Td	1ª			
	2ª			
	3ª			
	4ª			
	5ª			
SR	Única			

Vacuna	Dosis	Fecha	Lote	Firma
*Otras:				
*Otras:				
*Otras:				
*Otras:				
*Otras:				
*Otras:				



Spinkv 1m 05/04/21 JO90121
Spinkv 2da 28-04-21 II120221

64. 베트남

65. 벨기에

- (벨기에) 종이확인증 -

(화이자)

(앞)

Vous venez de recevoir la première dose de COMIRNATY
VACCIN À ARNm (À NUCLEOSIDE MODIFIÉ) CONTRE LA COVID-19.

Nom du/de la vacciné(e): [redacted]

Date de la 1^{re} dose: 06-05-21 "N° lot: EW108

Deuxième dose à partir du: / / Il est recommandé d'administrer la seconde dose 3 semaines après la première dose.

Date de la 2^{ème} dose: / / "N° lot:

*Remplissez le numéro du lot mentionné sur le flacon.

COMIRNATY
Vaccin à ARNm à nucléoside modifié contre la COVID-19

(뒤)

APPORTEZ CETTE CARTE LORS DE VOTRE PROCHAIN RENDEZ-VOUS.
Utilisez cette carte comme un rappel de votre deuxième dose.
Conservez cette carte après la deuxième dose.

Scannez le code pour plus d'informations fournies directement à votre smartphone.

Rapportez un effet secondaire sur www.notifieruneffetindesirable.be

Demandez un avis médical à votre médecin sur les effets secondaires.

BIONTECH **Pfizer** **COMIRNATY**

Trouble de l'autorisation de mise sur le marché. BionTech Manufacturing GmbH. 21067 - Februar 2021. E.R. Pfizer SA, 89300 La Plaine St. 1000 Bruxelles. © 2021 Pfizer Inc. Tous droits réservés.

(아스트라제네카)

(앞)

Veuillez compléter les informations ci-dessous :

Nom de la personne vaccinée : [redacted]

Date 1^{ère} dose : 28/04/21 N° de lot : ABVTH64

Date deuxième rendez-vous : 15/07/21 N° de lot : 16121

Date 2^{ème} dose : / / N° de lot :

En cas d'effets indésirables, parlez-en à votre médecin ou à un professionnel de la santé. Vous pouvez rapporter un effet indésirable via le site internet www.notifieruneffetindesirable.be ou contacter AstraZeneca via le site internet : www.contactazmedical.astrazeneca.com.

©2021 AstraZeneca. Tous droits réservés. XL-1822 Version 01/2021

(뒤)

Veuillez apporter cette carte à votre prochain rendez-vous et la conserver en sécurité après la deuxième dose.

Pour de plus amples renseignements sur le vaccin AstraZeneca, visitez www.azcovid-19.com en scannant ce code.

COVID-19 Vaccine AstraZeneca

AstraZeneca

(모더나)

(앞)

COVID-19 Vaccine Moderna
Herinnering afspraak voor 2e dosis

Naam gevaccineerde [redacted]

Datum eerste dosis 5/6/21 Partijnummer [redacted]

Geplande datum tweede dosis [redacted] Partijnummer [redacted]

Datum tweede dosis 3/7/21 Partijnummer [redacted]

Gebruik deze kaart als herinnering voor uw tweede dosis van het vaccin. Bewaar deze kaart voor uw administratie, ook na de tweede dosis.

moderna

(뒤)

Scan de code met een mobiel apparaat om de bijsluiter in verschillende talen te krijgen.
Of bezoek de URL <https://www.ModernaCovid19Global.com>

Als u last krijgt van bijwerkingen, neem dan contact op met uw arts, apotheker of verpleegkundige. U kunt ook bellen naar 328-003-8405 om met een vertegenwoordiger van Moderna te spreken.

© 2021 Moderna, Inc. Geproduceerd voor MODERNA BIOTECH SPAIN, S.L. **moderna**
BE-COV-2100009 01/2021

66. 벨라루스

ПОСЛЕ ПРИВИВКИ ПРОДОЛЖАЕМ НОСИТЬ МАСКИ И СОБЛЮДАТЬ МЕРЫ БЕЗОПАСНОСТИ

Это особенно важно в течение 42 дней после первой инъекции, пока формируется иммунитет.

ПОСЛЕ ПРИВИВКИ В ТЕЧЕНИЕ 3 ДНЕЙ РЕКОМЕНДУЕМ:

- Не посещать баню, сауну, бассейн
- Избегать чрезмерных физических нагрузок
- Не принимать алкоголь
- При повышении температуры принять нестероидные противовоспалительные препараты
- При покраснении, отечности, болезненности места вакцинации принять антигистаминные средства

Проведенная иммунизация не отменяет необходимости соблюдения вакцинированными защитных мер профилактики распространения коронавирусной инфекции COVID-19 - ношения масок, соблюдения физической дистанции, обязательных для всех граждан

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ
MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS

Наименование медицинской организации, выдавшей сертификат о вакцинации
Name of the medical organization that issued the vaccination certificate

(Печать)

СЕРТИФИКАТ О ВАКЦИНАЦИИ ПРОТИВ КОРОНАВИРУСНОЙ ИНФЕКЦИИ COVID-19
CERTIFICATE OF VACCINATION AGAINST CORONAVIRUS COVID-19

СЕРТИФИКАТ УДОСТОВЕРЯЕТ, ЧТО:
CERTIFICATE CERTIFIES THAT:

Фамилия / Family name

Имя / Name

Отчество / Middle name/patronym

Дата рождения (число, месяц, год) / Date of birth (day, month, year)

Паспорт / Passport

Личный номер / personal number / passport № / identification №

ПРОШЕЛ (-ла) ВАКЦИНАЦИЮ
против коронавирусной инфекции COVID-19
HAS BEEN VACCINATED AGAINST
coronavirus infection COVID-19

ПРИВИВКА ПРОТИВ КОРОНАВИРУСНОЙ ИНФЕКЦИИ
VACCINATION AGAINST CORONAVIRUS INFECTION
(введение **первого** компонента вакцины)
(administration of the **first** component of the vaccine)

Дата проведения (число, месяц, год)
Date of the vaccine administration (day, month, year)

Наименование вакцины, страна-производитель, номер партии
Vaccine name, country of manufacture, batch number

Вакцину назначил: ФИО врача, печать
Vaccine prescribed by: Full name of the doctor, signature, stamp

ПРИВИВКА ПРОТИВ КОРОНАВИРУСНОЙ ИНФЕКЦИИ
VACCINATION AGAINST CORONAVIRUS INFECTION
(введение **второго** компонента вакцины)
(administration of the **second** component of the vaccine)

Дата проведения (число, месяц, год)
Date of the vaccine administration (day, month, year)

Наименование вакцины, страна-производитель, номер партии
Vaccine name, country of manufacture, batch number

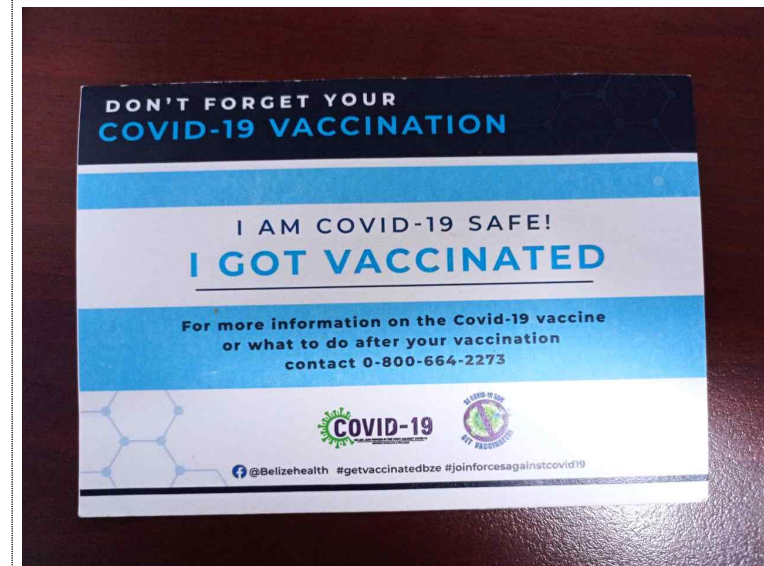
Вакцину назначил: ФИО врача, печать
Vaccine prescribed by: Full name of the doctor, signature, stamp

* Срок действия сертификата 1 год
* Сертификат удостоверяет факт выполнения иммунизации против коронавирусной инфекции COVID-19 только при наличии подписи врача и печати медицинского учреждения, где проводилась вакцинация
* Сертификат хранится у проводящих вакцинацию и предъявляется медицинским работникам в случае продолжения иммунизации
* The certificate is valid for 1 year
* Certificate certifies that immunization against coronavirus infection COVID-19 has been performed only if there is a doctor's signature and the stamp of the medical institution where the vaccination was carried out
* Certificate is kept by vaccinated person and presented to medical workers in case of continuing immunization.

67. 벨리즈

- 종이증명서 -

(전면)



(후면)

BELIZE - MINISTRY OF HEALTH AND WELLNESS
COVID-19 VACCINATION RECORD CARD

FIRST AND LAST NAME: [Redacted] 621-7500
ID NUMBER: 00067556 DATE OF BIRTH: 27/08/1984 TELEPHONE: 615-2262
COMMUNITY: 14 d Street Kings Park Belize City

DOSE	DATE ADMINISTERED	NAME OF VACCINE	LOT NUMBER	EXPIRY DATE	VACCINATOR	SIGNATURE
FIRST	17/3/21	AstraZeneca	412029	27/6/21	Azari	[Signature]
SECOND	11/05/21	AstraZeneca	CTMA V570	05/21	Michelle	[Signature]
OTHER						
OTHER						

Central Region

[보스니아헤르체고비나 연방]

Zdravstvena ustanova (pečat): Dječji vrtić "Zvezdica"	Broj kartona: 123456789
ISKAZNICA O IMUNIZACIJU	
IME: Ivan	PREZIME: Petrović
JMBG: 1234567890123	
GODIŠTE: 2018	

Broj doze	Datum cijepljenja	Naziv cjepiva (proizvođački naziv)	Proizvođač cjepiva	Serijski broj	Liječnik
1	15.03.2019.	Infanrix (Janssen)	Novartis	123456789	Dr. Petrović

UVJERENJE O IZVRŠENOJ VAKCINACIJI PROTIV COVID-19
CERTIFICATE OF THE COVID-19 VACCINATION

Ime i prezime: _____
 First and Last Name

Datum rođenja: _____
 Date of Birth

Pol: _____
 Gender

Datum davanja i broj serije prve doze vakcine: _____, serija: _____
 Vaccination Date and Batch Number

Datum davanja i broj serije druge doze vakcine: _____, serija: _____
 Second Vaccination Date and Batch Number

Zdravstvena ustanova koja vakcinisla: _____
 Health care institution of vaccination

Naziv vakcine: _____
 Name of vaccine

Datum izdavanja potvrde: _____
 Confirmation Date and Hour




Ova potvrda je generirana elektronski i važi bez pečata i potpisa.
This Certificate is generated electronically and is valid without stamp and signature.

 www.dh1.rs www.javnaizdovoljavrtovrs.org	
EMAIL: domzdravlja@domzdravlja.rs	
http://173.48.4.222/obn/forma_pribe_cdn702_pasgoc	
 DOM ZDRAVLJA	
POTVRDA O IZVRŠENOJ VAKCINACIJI PROTIV COVID-19 CONFIRMATION OF THE COVID-19 VACCINATION	
Prihvati se vakcine: CORONA-VAC (SINOVAC LIFE SCIENCES CO. LD.) You have received the vaccine:	
Ime i prezime: First and last Name:	MARBO (MARKA) MARKOVIĆ
JABO: Identification Number	1234567890123
Datum prve doze: Vaccination date	15.06.2021
Planirani datum druge doze: Scheduled date of second dose	13.06.2021
Datum druge doze: Second vaccination date	
Naziv zdravstvene ustanove: Attending Institution	IZU Dom zdravlja u Banjoj Luci
Ova potvrda važi kao potvrda i potpis / This certificate is valid without signatures and stamp.	
Sifra potvrde: 12345678 - 12345678	
Country code: ena	

[보건원과 보건소 발행본이 다름]

- 종이증명서 -

Registration No: 0263

Name: [REDACTED]

ID/Passport No: [REDACTED]

Date of Birth: [REDACTED]

Nationality: Mbotswana

District: Kweneng

Village/Town: Mogaditshane

Vaccination Facility: Mogaditshane kgotla

NB: Receive all doses to be protected

70. 볼리비아

- 종이증명서 -



ESTADO PLURINACIONAL DE
BOLIVIA MINISTERIO DE
SALUD Y DEPORTES

CARNET DE VACUNACIÓN COVID-19

Nombres y Apellidos:
Nro. Documento:
Fecha de Nacimiento:
Servicio Departamental de Salud: LA PAZ
Municipio: LA PAZ
Establecimiento de Salud: CORDES
Fecha de Vacunación: 06-05-2021
Vacuna: COVID-19 Dosis: 1ra. DOSIS Proveedor: PFIZER
Lote: EX2405
Fecha de Próxima Vacunación: 27-05-2021
Número de Consentimiento: 00601850



#VamosASalirAdelante

71. 부룬디

གསེ་བའི་ལྷན་ཁག་། འབྲུག་རྒྱལ་གཞུང་།

Ministry of Health, Royal Government of Bhutan

COVID-19 VACCINATION RECORD (འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་)

BENEFICIARY DETAILS

Name: (ལྷ་མོ་) _____
 Gender: (མེད་) _____ Female
 Date of Birth (dd/mm/yyyy): (19/03/2001) _____
 CID/Passport/Work Permit Number: (2001001, 1001001) _____
 Registration ID on BVS (འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་) (འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་) _____

QR CODE

VACCINATION DETAILS

First Dose
 Date of Vaccination: 29-03-2021 (འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་)
 (dd/mm/yy)
 Place of Vaccination: Lungtenzampa Middle Secondary (འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་)
 School, Thimphu Thromde
 Name of Vaccine: Covishield (འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་)
 Vaccine Manufacturer: Serum Institute of India (འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་)
 Lot Number: 41202004 (འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་)

འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་ 29-03-2021
 འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་, 29-03-2021
 འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་
 འཕྲིན་འཁུར་གྱི་ཁོངས་ཁོངས་

MM-102

(Dr. Mimi Lhamu Mynak)
 Chairperson
 National Immunization Technical Advisory Group
 Royal Government of Bhutan

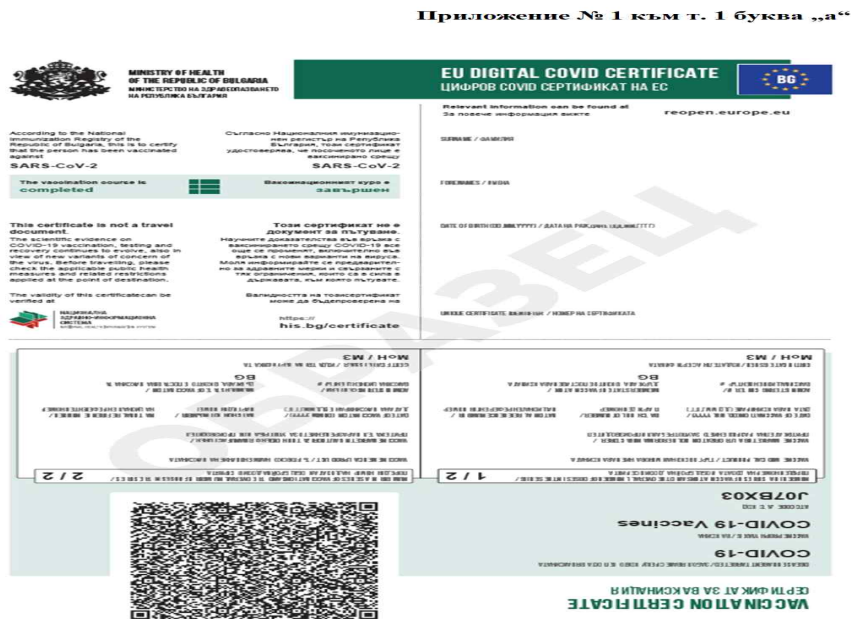
PM-02

(Dr. Sonam Wangchuk)
 Vice Chairperson
 COVID-19 Technical Advisory Group
 Royal Government of Bhutan

Bhutan Covid System © 2021 | Ministry of Health | Royal Government of Bhutan

74. 불가리아

- 디지털 증명서 -



- 종이 증명서 -



75. 브라질

- 종이증명서 -

SUS 702 YOP 647536561
 G.D.F. SES - DEPARTAMENTO DE SAÚDE PÚBLICA
CARTÃO DE VACINAÇÃO DO ADULTO
 NOME João
 ENDEREÇO _____
 CIDADE _____ EST _____ DATA DE NASC 06/08/68
 UNIDADE DE SAÚDE SMU

TT ☐ dT ☐	TT ☐ dT ☐	TT ☐ dT ☐	TT ☐ dT ☐	TT ☐ dT ☐
1ª dose	2ª dose	3ª dose	reforço	reforço

VACINAS E SOROS

SES/DF SARS-CoV-2 01/03/2020 Local: SES/DF Ass: [Assinatura] 12.10.2021 Ass: [Assinatura]	3ª			
	02			
	01			
	01			

MOD 49.38 C. COMP 736 FORMATO 105X130 mm 01/00 G. CENTRAL/FF



CAMPANHA CONTRA A COVID-19



SÃO PAULO
GOVERNADO GUSTAVO FERREIRA

#VacinaJá

NOME 	NOME
1ª DOSE	2ª DOSE
UNIDADE 	UNIDADE
CNES 	CNES
DATA: 	DATA:
LOTE 	LOTE
FABRICANTE 	FABRICANTE
VACINADOR 	VACINADOR
REG. PROF. 	REG. PROF.

COMPROVANTE DE VACINAÇÃO

DATA DE EMISSÃO

※ 주(州)마다 접종증명서의 양식이 다름
(위 : 브라질리아연방특구, 아래 : 상파울루주)

접속화면 (1)

접속화면 (2)

Vacinas

PDF

Ministério da Saúde

Carteira de Vacinação Digital

Emitida em: 24/06/2021, às 10:47

Nome do Vaccinado
GALVÃO

Data de Nascimento
1989

CNPJ

Sexo
Masculino

Raizão/cor/etnia
Branca

CNS

Dados Administrativos

Data	Instituição	Vaccine	Dose	Lote	Cod. Vaccinador	Estabelecimento de Saúde
18/06/2021	FIOCRUZ	COVID-19/SZC3	1ª Dose	FD33C3A4D8E	708432740000000	HOSPITAL DE ESPECIALIZACAO E ATENDIMENTO EM SAUDE - HENRIQUE LOPES

Você pode utilizar sua Carteira de Vacinação Digital em:

Vaccine QRCode no aplicativo ConecteSUS

ou no site vaccinacaodigital.saude.gov.br

Utilize o código:
SAOUL ROSE DOVALY YSSA

Certificado válido até:
24/06/2022

Ola, Este documento é válido somente em território nacional. O uso fora dele é ilegal e não pode ser utilizado para fins discriminatórios.

ANVS

MINISTÉRIO DA SAÚDE

GOVERNO DO BRASIL

"Carteira de Vacinação Digital"

“Carteira de Vacinacao Digital” 클릭 시 출력가능PDF로 상세내역 생성

76. 브루나이

- 종이증명서

INFORMATION FOR PHYSICIANS

The data for vaccination on this certificate are to be submitted in the following sequence: first month, year - then month in later months: January, 1991 - then month 1 January 1991.

- Vaccination is considered as not recorded, when physician does not provide the vaccine with a written opinion, which should be indicated after due time interval.
- Vaccination is considered as recorded on certificate as published in WHO's International and Local, Information on Vaccination refers from vaccination centers in available form and/or national health office.
- The physician should always consider that higher policies may have a varied successful finish.

RENSEIGNEMENTS DESTINÉS AUX MÉDECINS

Les données de la vaccination doivent être présentées dans l'ordre suivant: premier mois, année - puis mois des mois suivants: Janvier, 1991 - puis mois 1 Janvier 1991.

- La vaccination n'est considérée que comme non enregistrée, si le médecin n'a pas fourni le vaccin avec son avis écrit, lequel doit être indiqué après un délai convenable.
- La vaccination est considérée comme enregistrée sur le certificat si elle est publiée dans le WHO's International and Local, Information on Vaccination ou si elle est publiée dans les centres nationaux d'information sur la vaccination ou si elle est publiée dans les centres nationaux d'information sur la vaccination.
- Le médecin doit toujours considérer que les politiques nationales peuvent avoir des résultats différents.

International Certificate of Vaccination or Prophylaxis

International Health Regulation (2000)

Certificat international de vaccination ou de prophylaxie

Règlement sanitaire international (2000)



Issued at / Délivré à

Passport number or travel document number
Numéro du passeport ou du document de voyage

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

Requirements for validity

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who has to be a medical practitioner or other authorized health worker, supporting the administration of the vaccine or prophylaxis. The certificate must also be signed in the hand of the administering center, however, this last may be accepted elsewhere for the signature.

Any amendment of this certificate, or erasure, or addition to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language in the same document, in addition to either English or French.

Notes

1. Vaccination is specifically designed in the International Health Regulations (2000) for which proof of vaccination or prophylaxis may be required in a number of countries as a travel document. When administering this vaccine, the clinician must write down in the space provided on the certificate.

This last certificate will be used in the event that these Regulations are amended or a recommendation is made under the Regulations by the World Health Organization to designate another disease.

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Conditions de validité

Ce certificat est valide uniquement si le vaccin ou la prophylaxie utilisé a été approuvé par l'Organisation mondiale de la Santé.

Ce certificat doit être signé de la main du clinicien - médecin ou autre agent de santé agréé - qui appuie l'administration du vaccin ou de la prophylaxie. Le certificat doit aussi être signé par le centre où la vaccination a été faite. Toutefois, ce dernier peut être signé ailleurs.

Toute modification de ce certificat, ou effacement ou ajout de quelque chose dans l'information, pourrait rendre le certificat invalide.

Ce certificat est valide jusqu'à la date indiquée pour le vaccin ou la prophylaxie administrée. Il doit être complété entièrement en anglais ou en français. Le certificat peut aussi être complété dans une autre langue, en plus de l'anglais ou du français.

Notes

1. Le vaccin est spécifiquement conçu par le Règlement sanitaire international (2000) pour lequel la preuve de la vaccination ou de la prophylaxie peut être exigée dans un certain nombre de pays comme document de voyage. Lorsque l'on administre ce vaccin, le clinicien doit inscrire dans l'espace prévu sur le certificat.

Ce dernier certificat sera utilisé en cas où le Règlement sanitaire international ou une recommandation faite par l'Organisation mondiale de la Santé pour désigner une autre maladie.

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] _____

date of birth _____

nationality _____

where identification documents, if applicable _____

has been the data indicated been vaccinated or received prophylaxis against (name of disease or condition) _____

COVID-19

in accordance with the International Health Regulations.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date	Signature and professional rank of the clinician responsible
COVID-19	DOSE 1	Authorized medical worker
COVID-19	DOSE 2	

* Requirements for validity of certificate on page 2.

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Ceci est pour certifier que [nom] _____

date de naissance _____

nationalité _____

documents d'identification, s'il y a lieu _____

les données indiquées ont été vaccinées ou reçues une prophylaxie contre (nom de la maladie ou de l'affection) _____

COVID-19

conformément au Règlement sanitaire international.

Vaccin ou agent prophylactique	Date	Signature et rang professionnel du médecin responsable
COVID-19	DOSE 1	Personnel médical autorisé
COVID-19	DOSE 2	

* Voir les conditions de validité à la page 2.

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] _____

date of birth _____

nationality _____

national identification documents, if applicable _____

where signature follows _____

has been the data indicated been vaccinated or received prophylaxis against (name of disease or condition) _____

COVID-19

in accordance with the International Health Regulations.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date	Signature and professional rank of the clinician responsible
COVID-19	DOSE 1	Authorized medical worker
COVID-19	DOSE 2	

* Requirements for validity of certificate on page 2.

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Ceci est pour certifier que [nom] _____

date de naissance _____

nationalité _____

documents d'identification, s'il y a lieu _____

la signature suit _____

les données indiquées ont été vaccinées ou reçues une prophylaxie contre (nom de la maladie ou de l'affection) _____

COVID-19

conformément au Règlement sanitaire international.

Vaccin ou agent prophylactique	Date	Signature et rang professionnel du clinicien responsable
COVID-19	DOSE 1	Personnel médical autorisé
COVID-19	DOSE 2	

* Voir les conditions de validité à la page 2.

OTHER VACCINATIONS / AUTRES VACCINATIONS

Vaccine targeted Vaccin visé	Date	Manufacture, brand name and batch no. of the vaccine Fabricant du vaccin, marque et numéro de lot	Next booster (date) Prochain rappel (date)	Official stamp and signature Cachet officiel et signature

No method can guarantee complete protection. Fulvicillin tablets, which can be used, must always be supported if used with or without other prophylaxis, especially at any time between one week after the first possible exposure to malaria and three months (or even less in case) after the last possible exposure. You should seek medical attention immediately and tell your doctor that you have been in a malaria-endemic region.

PROTECTION AGAINST MALARIA

Malaria, a serious and sometimes fatal disease, remains endemic in a great many tropical and subtropical regions. You cannot be vaccinated against malaria, but you can prevent yourself against malaria by the use of mosquito repellents. In addition, antimalarial tablets may be used, which require for protection to be taken for the duration of the exposure or even for a few months after it is over.

The risk of contracting malaria is not the same in all areas where the disease is endemic. You should always consult a doctor before using any medicine, and you should always consult a doctor before using any medicine, and you should always consult a doctor before using any medicine.

If you take antimalarial tablets for protection, you should also take them without prophylaxis as possible, and for the full duration possible, preferably not on an empty stomach but after a meal.

No method can guarantee complete protection. Fulvicillin tablets, which can be used, must always be supported if used with or without other prophylaxis, especially at any time between one week after the first possible exposure to malaria and three months (or even less in case) after the last possible exposure. You should seek medical attention immediately and tell your doctor that you have been in a malaria-endemic region.

PROTECTION AGAINST MALARIA

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If you take antimalarial tablets for protection, you should also take them without prophylaxis as possible, and for the full duration possible, preferably not on an empty stomach but after a meal.

No method can guarantee complete protection. Fulvicillin tablets, which can be used, must always be supported if used with or without other prophylaxis, especially at any time between one week after the first possible exposure to malaria and three months (or even less in case) after the last possible exposure. You should seek medical attention immediately and tell your doctor that you have been in a malaria-endemic region.

PROTECTION CONTRE LE PALUSTRISME

Le paluisme, maladie grave, parfois mortelle, est endémique dans un grand nombre de régions tropicales et subtropicales. Vous ne pouvez pas vous protéger contre le paluisme par la vaccination, mais vous pouvez vous protéger contre le paluisme en utilisant des répulsifs anti-moustiques. En outre, des comprimés antipaludéens peuvent être utilisés, qui nécessitent pour la protection d'être pris pendant toute la durée de l'exposition ou même pendant quelques semaines après la fin de l'exposition.

Le risque de contracter le paluisme n'est pas le même dans toutes les régions où la maladie est endémique. Vous devriez toujours consulter un médecin avant d'utiliser un médicament, et vous devriez toujours consulter un médecin avant d'utiliser un médicament, et vous devriez toujours consulter un médecin avant d'utiliser un médicament.

Si vous prenez des comprimés antipaludéens pour la protection, vous devriez également les prendre sans prophylaxie, et pour toute la durée possible, de préférence pas à jeun, mais après un repas.

Aucune méthode ne peut garantir une protection complète. Les comprimés de fulvicilline, qui peuvent être utilisés, doivent toujours être soutenus s'ils sont utilisés avec ou sans autre prophylaxie, surtout à tout moment entre une semaine après l'exposition possible à la malaria et trois mois (ou même moins) après l'exposition possible. Vous devriez consulter immédiatement un médecin et lui dire que vous avez été dans une région endémique.

77. 사모아

78. 사우디아라비아

- 종이증명서 - : Sehaty App 상 Medical Report를 PDF 파일로 다운받아 출력



التقرير الطبي لتطعيم فايروس كورونا (كوفيد-19)

COVID-19 Vaccine Medical Report

Full Name	الاسم
ID Number	رقم الهوية
Date of birth	تاريخ الميلاد
Nationality	الجنسية
Vaccine Type	نوع التطعيم
First Dose Date	تاريخ الجرعة الأولى
Batch Number	رقم التشغيل
Second Dose Date	تاريخ الجرعة الثانية
Batch Number	رقم التشغيل

تم إصدار هذا التقرير من قبل وزارة الصحة، المملكة العربية السعودية

هذا التقرير للإستخدام الطبي خارج المملكة في الدول التي لم ترتبط إلكترونياً مع الأنظمة الحكومية في المملكة العربية السعودية

This Report has been issued by the Ministry of Health, Kingdom of Saudi Arabia

This report is intended to be used for medical purposes outside the Kingdom of Saudi Arabia, in the countries that are not integrated with the Kingdom's government systems.

Kindly scan the QR code to validate

this report

<https://VaccineCertificate.sehatty.sa>

Report No. التقرير رقم

VCC22032168281



يرجى مسح الباركود للتحقق من صحة

هذا التقرير

<https://VaccineCertificate.sehatty.sa>



- 종이증명서 - : Sehaty App 상 Medical Report를 PDF 파일로 다운받아 출력



التقرير الطبي لتطعيم فايروس كورونا (كوفيد-19)

COVID-19 Vaccine Medical Report

Full Name			الاسم
ID Number			رقم الهوية
Date of birth			تاريخ الميلاد
Nationality	Korea, Republic of	كوريا الجنوبية	الجنسية
Vaccine Type	أكسفورد-أسترازينيكا	Oxford-AstraZeneca	نوع التطعيم
First Dose Date	2021-03-22	22 مارس 2021	تاريخ الجرعة الأولى
Batch Number	41202019	41202019	رقم التشغيلة
Second Dose Date	2021-06-10	10 يونيو 2021	تاريخ الجرعة الثانية
Batch Number	ABX3120	ABX3120	رقم التشغيلة

تم إصدار هذا التقرير من قبل وزارة الصحة، المملكة العربية السعودية
هذا التقرير للإستخدام الطبي خارج المملكة في الدول التي لم ترتبط إلكترونياً مع الأنظمة الحكومية في المملكة العربية السعودية

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Kindly scan the QR code to validate
this report

<https://VaccineCertificate.sehatty.sa>

رقم التقرير Report No.
VCC22032168281



يرجى مسح الباركود للتحقق من صحة
هذا التقرير

<https://VaccineCertificate.sehatty.sa>



www.moh.gov.sa | 937 | SaudiMOH | MOHPortal | SaudiMOH | Saudi_MOH

- Tawakkalna App 상 Health Passport를 PDF 파일로 다운받아 출력(추가)



사진

الاسم
Name

ID No.		رقم الإقامة
Passport No.		رقم جواز السفر
Nationality	كوريا الجنوبية South Korea	الجنسية
Blood Type	A+	فصيلة الدم



نتيجة فحص كورونا PCR غير متوفرة
No COVID-19 PCR test result have been found

Vaccine Type	أكسفورد-أسترازينيكا Oxford/AstraZeneca	نوع اللقاح
First Dose Date	2021-03-22	تاريخ الجرعة الأولى
Second Dose Date	2021-06-10	تاريخ الجرعة الثانية



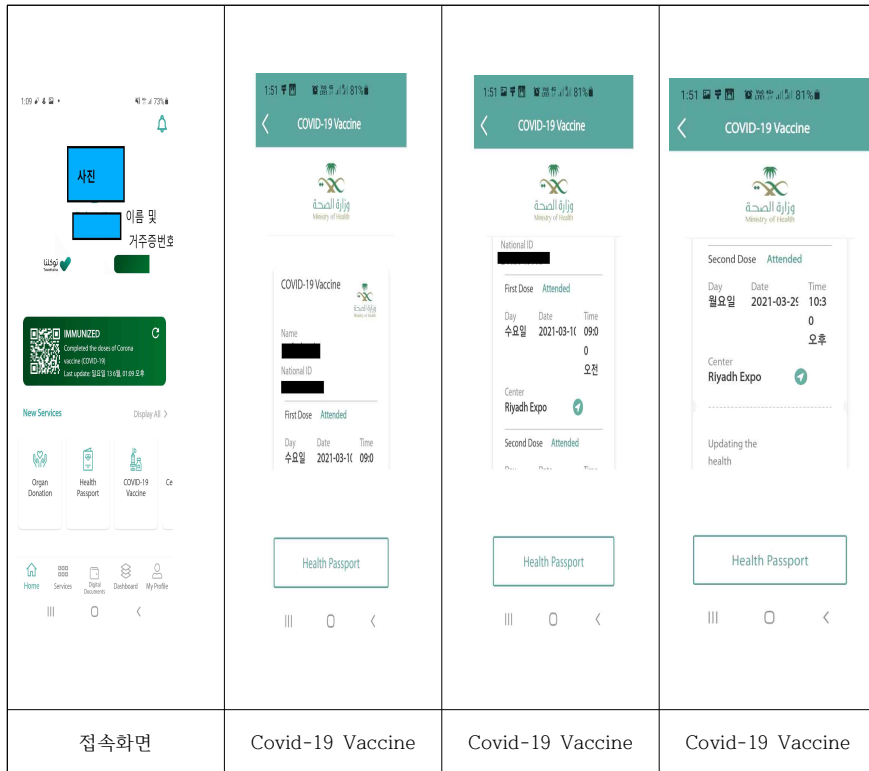
حالتك الصحية لا تتطلب وجود تأمين طبي للسفر
Your immunization health status doesn't require travel medical insurance

10:14 AM
Saturday, June 26, 2021

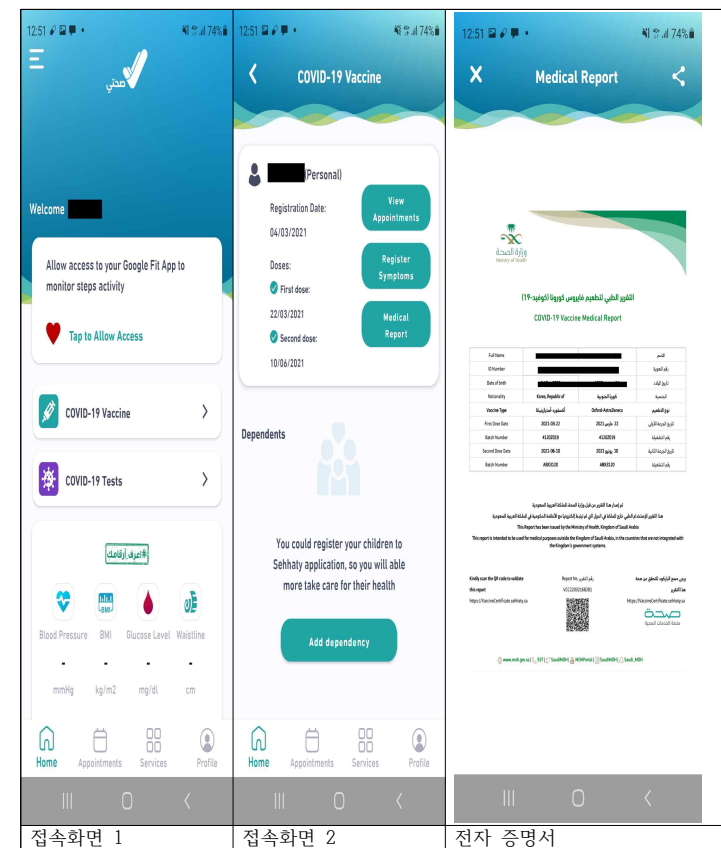


قم بمسح الرمز المربعي (باركود) للتحقق من التقرير إلكترونياً
Scan the QR code to digitally validate the report

- 전자증명서 - : Tawakkalna 상 Covid-Vaccine 정보 확인



- 전자증명서 - : Sehaty App 상 Medical Report 확인



- 전자증명서 - : Tawakkalna 상 Health Passport 정보 확인(추가)

The image displays two versions of the South Korean COVID-19 Health Passport. The left version is in Korean, showing a green 'IMMUNIZED' status with a QR code, vaccination details for the Corona vaccine, and a list of services including Organ Donation, Health Passport, and COVID-19 Vaccine. The right version is in English, showing a white passport with a photo, personal information (D No., Passport No., Nationality, Blood Type), vaccination details (Vaccine Type, First/Second Dose Date), and a medical insurance status section.

79. 사이프러스

- 종이증명서 -



ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ/REPUBLIC OF CYPRUS

ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ / MINISTRY OF HEALTH

Πιστοποιητικό Εμβολιασμού SARS-Cov-2

SARS-Cov-2 Vaccination Certificate

Στοιχεία Πολίτη / Citizen Details

Όνομα / Name: XXXXXXXX

Επώνυμο / Surname: XXXXXXXXX

Ημ. Γέννησης / Date of Birth: XXXXXXXX

Αρ. Εγγράφου Ταυτότητας / ID Number: XXXXXXXX

Τύπος Εγγράφου Ταυτότητας / ID Type: XXXX

Αρ. Διαβατηρίου / Passport Number: XXXXXXXXX

Στοιχεία Εμβολιασμού / Vaccination Details

Κάτοχος Αδειας Κυκλοφορίας Εμβολίου / Marketing Authorization Holder: XXXXXXXXXX

Εμπορική Ονομασία Εμβολίου/ Trade Name: XXXXXXXXXX

Συνολικός Αρ. Δόσεων / Total Doses: X

Ημ. Εμβολιασμού / Vaccination Date	Αρ. Παραλαβής / LOT Number (Batch ID)	Εμβολιαστικό Κέντρο / Vaccination Center

ΟΝΟΜΑΤΕΠΩΝΥΜΟ/NAME/SURNAME

ΥΠΟΓΡΑΦΗ/SIGNATURE

ΣΦΡΑΓΙΔΑ/OFFICIAL STAMP

80. 상투메프린시페

81. 세네갈

- 종이증명서 -

(앞면)

(뒷면)

Republique du Sénégal Ministère de la Santé et de l'Action Sociale Direction Générale de la Santé Publique DIRECTION DE LA PRÉVENTION CARTE DE VACCINATION CONTRE LA COVID 19 Région Médicale de : <u>Dakar</u> District Sanitaire de : <u>Centre</u> Poste/Centre de santé de : <u>Soyoud</u> N° dans le Registre : <u>102102</u> Prénom : <u>[REDACTED]</u> Nom : <u>[REDACTED]</u> Date de naissance : <u>[REDACTED]</u> Age : <u>[REDACTED]</u> Sexe : <u>[REDACTED]</u> Adresse domicile /Tél. : <u>[REDACTED]</u> NB : Garder précieusement cette carte	Date de vaccination 1^{ère} dose : <u>24/04/21</u> Vaccin reçu : <u>ASTRAZENECA</u> N° lot : <u>30</u> Lieu de vaccination : <u>[REDACTED]</u> Date du prochain rendez-vous : <u>27/07/21</u> Date de vaccination 2^{ème} dose : <u>[REDACTED]</u> N° lot : <u>[REDACTED]</u> Lieu de vaccination : <u>[REDACTED]</u> Observations : <u>[REDACTED]</u> Cachet de la structure
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82. СЕРБИЈА

- 종이증명서 -



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:

Име и презиме / Name and surname:

Датум рођења / Date of birth:

Пол / Gender:

Датум и време издавања сертификата /
Certificate issuing date and time: 02.06.2021, 11:35:22

ЈМБГ / Personal No. / EBS:

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

Вакцинација / Vaccination

Доза / Dose: 1 / 2	Доза / Dose: 2 / 2
Тип / Type: Pfizer-BioNTech Произвођач и серија / Manufacturer and batch number: BIONTECH MANUFACTURING GMBH, EL8723 Датум / Date: 27.02.2021. Здравствена установа / Health care institution: DOM ZDRAVLJA "SAVSKI VENAC"	Тип / Type: Pfizer-BioNTech Произвођач и серија / Manufacturer and batch number: BIONTECH MANUFACTURING GMBH, EN195 Датум / Date: 20.03.2021. Здравствена установа / Health care institution: DOM ZDRAVLJA "SAVSKI VENAC"

SARS-CoV-2 RT Real-time PCR
Врста узорка / Sample type: N/A
Произвођач теста / Test manufacturer: N/A
Датум и време узорковања / Date and time of sampling: N/A
Датум и време издавања резултата / Date and time of result: N/A
Резултат / Result: N/A
Лабораторија / Laboratory: N/A

SARS-CoV-2 Ag-RDT (Antigen Rapid Detection test)
Врста узорка / Sample type: N/A
Произвођач теста / Test manufacturer: N/A
Датум и време узорковања / Date and time of sampling: N/A
Датум и време издавања резултата / Date and time of result: N/A
Резултат / Result: N/A
Лабораторија / Laboratory: N/A

SARS-CoV-2 RBD S-Protein Immunoglobulin G (IgG) test
Врста узорка / Sample type: N/A
Произвођач теста / Test manufacturer: N/A
Датум и време узорковања / Date and time of sampling: N/A
Датум и време издавања резултата / Date and time of result: N/A
Резултат / Result: N/A
Лабораторија / Laboratory: N/A

Потврда о прележаној болести COVID-19 / Confirmation of COVID-19 recovery

Датум позитивног теста - лабораторија /
Date of positive test - laboratory: N/A

Дигитални потпис / Digitally signed by:



РЕПУБЛИКА СРБИЈА
Влада Републике Србије
Канцеларија за информационе
технологije и електронску управу
Народовила 11, БЕОГРАД
Датум: 02.06.2021, 11:35:23

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



- 전자증명서 -



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:

Име и презиме /
Name and surname:

Пол / Gender:

Датум рођења / Date of birth:

ЈМБГ / Personal No. / EBS:

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

Датум и време издавања сертификата /
Certificate issuing date and time: 02.06.2021, 10:53:09

Доза / Dose: 1 / 2

Тип / Type: Pfizer-BioNTech

Произвођач и серија / Manufacturer and batch number:
BIONTECH MANUFACTURING GMBH, EL8723

Датум / Date: 27.02.2021.

Здравствена установа / Health care institution:
DOM ZDRAVLJA "SAVSKI VENAC"

Датум и време издавања сертификата /
Certificate issuing date and time: 02.06.2021, 10:53:09

Доза / Dose: 2 / 2

Тип / Type: Pfizer-BioNTech

Произвођач и серија / Manufacturer and batch number:
BIONTECH MANUFACTURING GMBH, EN195

Датум / Date: 20.03.2021.

Здравствена установа / Health care institution:
DOM ZDRAVLJA "SAVSKI VENAC"

Датум и време издавања сертификата /
Certificate issuing date and time: 02.06.2021, 10:53:09

Потврда о прележаној болести COVID-19 / Confirmation of COVID-19 recovery

Датум позитивног теста - лабораторија /
Date of positive test - laboratory: N/A

Дигитални потпис / Digitally signed by:



РЕПУБЛИКА СРБИЈА
Влада Републике Србије
Канцеларија за информационе
технологije и електронску управу
Народовила 11, БЕОГРАД
Датум: 02.06.2021, 11:35:23

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



SARS-CoV-2 RT Real-time PCR

Резултат / Result: N/A

Врста узорка / Sample type: N/A

Произвођач теста / Test manufacturer: N/A

Датум и време узорковања /
Date and time of sampling: N/A

Датум и време издавања резултата /
Date and time of result: N/A

Лабораторија / Laboratory: N/A

SARS-CoV-2 Ag-RDT (Antigen Rapid Detection test)

Резултат / Result: N/A

Врста узорка / Sample type: N/A

Произвођач теста / Test manufacturer: N/A

Датум и време узорковања /
Date and time of sampling: N/A

Датум и време издавања резултата /
Date and time of result: N/A

Лабораторија / Laboratory: N/A

**SARS-CoV-2 RBD S-Protein
Immunoglobulin G (IgG) test**

Резултат / Result: N/A

Врста узорка / Sample type: N/A

Произвођач теста / Test manufacturer: N/A

Датум и време узорковања /
Date and time of sampling: N/A

Датум и време издавања резултата /
Date and time of result: N/A

Лабораторија / Laboratory: N/A

83. 세이셸

종이증명서(앞면)

Ministry of Health, Seychelles

SARS-CoV-2 Vaccination Record

Name: MARIE-ROSE, CECILE BEHOITON

Address: PANAI BEACH

National Identity No: 954-0690-1-0-96

Date of Birth: 12-10-1954

종이증명서(뒷면)

SERUM INSTITUTE

Brand name: COVISHIELD Manufacturer: OF INDIA

Date(dd/mm/yy)	Vaccine	Batch Number	Signature
27/1/21	1 st Dose	41202025	Landy Gilbert
24/3/21	2 nd Dose	41202025	Onlousbe

62026

STAMP 1st Dose

STAMP 2nd Dose

84. 세인트루시아

85. 세인트빈센트그레나딘

86. 세인트키츠네비스

87. 솔로몬제도

- 종이증명서 -

Make sure you keep this record card safe!
after 1-2 day
These side effect are mild/moderate and usually subside

- Allergic reaction
- Body ache and flu like symptom
- Fever and or nausea
- Pain at injection site

Signs and symptoms following immunization may include:

If you feel unwell following Nila please call 25256 or 115

COVID-19 Vaccination Record Card

Vaccine: AstraZeneca /

Name: [REDACTED]

Date for next dose: 29-6-21

Ministry Of Health and Medical Services

#Protect yourself #Protect others
#Protect your country

88. 수단

- 종이증명서 -

Republic of the Sudan
Federal Ministry of Health
National medical Commission

جمهورية السودان
وزارة الصحة الاتحادية
القمييون الطبي القومي

شهادة تطعيم لقاح كوفيد-19
COVID-19 VACCINATION CERTIFICATE

QR Code

영문 성명
الرقم الوطني / رقم الجواز للأجانب
National ID/ Passport No) : 여권 번호
ID) : KOR

مركز التطعيم / Vaccination center	رقم التشغيلة / Batch No	اسم اللقاح / Vaccine Names	التاريخ / Date	الجرعة الأولى / First Dose
OMAR IBN ALKHATAB	4121z007	ASTRAZENECA	12-APRIL-21	
OMAR IBN ALKHATAB	4121z007	ASTRAZENECA	10-Jun-21	الجرعة الثانية / Second Dose

Remarks/ملاحظات

Approval/اعتماد

Signature: [Signature]
21-6-2021

발행처(National Medical Commissions)
도장

발행처(National Medical Commissions)
압인

U bent zojuist gevaccineerd met het Covishield-vaccin van AstraZeneca tegen COVID-19. Na deze vaccinatie kunnen, zoals na alle vaccinaties, bijwerkingen optreden. Ernstige bijwerkingen zijn zeldzaam, milde bijwerkingen komen wel regelmatig voor.

U behoort nu tot de groep mensen die een eerste vaccinatie toegediend heeft gekregen. Om de verspreiding van Covid-19 beheersbaar te houden wordt u gevraagd zich nog steeds te houden aan de algemeen geldende Covid-19-maatregelen.

ERNST	KLAGHT/BIJWERKING	ADVIES
MILD	Injectieplaats	
	Gevoeligheid	Koude lappen
	Zwelling	Arm mobiliseren
	Plaai	Verstrekken
	Ander	
	Vermoeid	
	Temp (T)	
	Hoofdpijn	
	Spierpijn	
	MATIG ERNSTIG	Injectie
Roodheid		Koude lappen en versterking arts bellen
Jeuk		Arm mobiliseren
Ander		
Misselijkheid & braken		DIRECT BOG bellen:
Stapen/jeuk, gevoeligheid		+597 855 4811
Ernstig misselijkheid, galbullen		+597 813 6781
Koorts (T > 38°C)		
Koude rillen		

Klachten > 24 uur Bel BOG en maak daarna contact huisarts

[illegible]

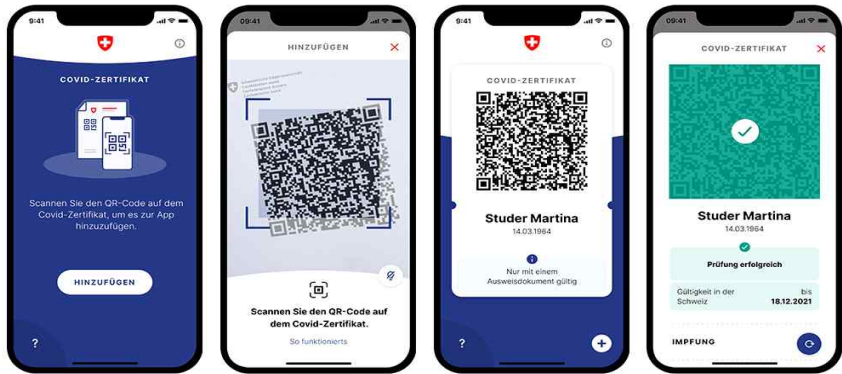
92. 스위스

- 종이증명서 (21.6.7.부터) -



- 전자증명서 -

ENTWURF



93. 스페인

- 종이증명서 -

(마드리드 자치주 발급 증명서 예시 / *자치주별로 양식 상이)

Datos de la INSTITUCIÓN EMISORA	Datos del CIUDADANO
 Comunidad de Madrid	Nombre y apellidos: [REDACTED]
	DNI/NIE: [REDACTED]
	Fecha Nacimiento: [REDACTED] / 19 [REDACTED] Edad: [REDACTED] años Sexo: Mujer
	CIP SNS: [REDACTED]
	CIPA: [REDACTED]
REGISTRO UNIFICADO DE VACUNACIÓN	
NSS: [REDACTED]	

INFORME DE VACUNACIÓN

En la fecha 12/05/2021 se le ha administrado la Vacuna contra COVID-19 ARNm [Moderna / Lonza] y lote 3002330.

En la fecha 11/06/2021 se le ha administrado la Vacuna contra COVID-19 ARNm [Moderna / Lonza] y lote 3002623.

La pauta vacunal está completa.

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: 11/06/2021

Centro: Hospital Isabel Zendal

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 (DPO) es el "Comité DPO 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 no serán cedidos a otros terceros salvo en los casos obligados por Ley. De igual modo, le comunicamos que, sus datos no serán objeto de decisiones individuales automatizadas, incluida la elaboración de perfiles. Podrá ejercer sus derechos de acceso, rectificación, supresión, oposición, limitación del tratamiento y portabilidad, en la medida que sean aplicables, a través de comunicación escrita al Responsable del Tratamiento, con domicilio en la C/ O'Donnell, 55, 4º planta (Centro de Salud Goya) 28009-Madrid, concretando su solicitud, junto con su DNI o documento equivalente. Asimismo, le informamos de la posibilidad de presentar una reclamación ante la Agencia Española de Protección de Datos.

- 전자증명서 -

(EU 디지털코로나증명서 예시)



출처 : EU집행위

Vaccination example




V1-BE-12345678
ASBCD-56789-44

Name DOE Joe
Date of Birth 1987-06-05
Passport number PF12345678
Certificate issued 2021-06-02

Dose 1/2

Date 2021-02-03
Brand Pfizer Oy

Batch AB123CD
Adm. centre Hospital 1

Country Belgium
Issued by National health service

Vaccination example



Level:
Standard

Name Doe Joe
Date of Birth 1987-06-05

Passport number PF12345678
Certificate issued 2021-06-02

Dose 1/2

Type C19-mRNA
Date 2021-02-24
Brand Pfizer Oy

출처 : 스페인 보건부 [좌 인쇄형 / 우 QR코드형]

94. 슬로바키아

- 종이증명서 -

(1) EU 디지털 코로나 증명서 도입 전까지 사용하는 예방접종증명서(슬로바키아 보건부 발급)



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 (SOMED 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:	Áno Yes	Dávka / celkový počet dávok (Number in a series of vaccination/doses)	2/2
Sarža (Batch number)	Dávka(dose) 1/2		
	Dávka(dose) 2/2	EU796 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

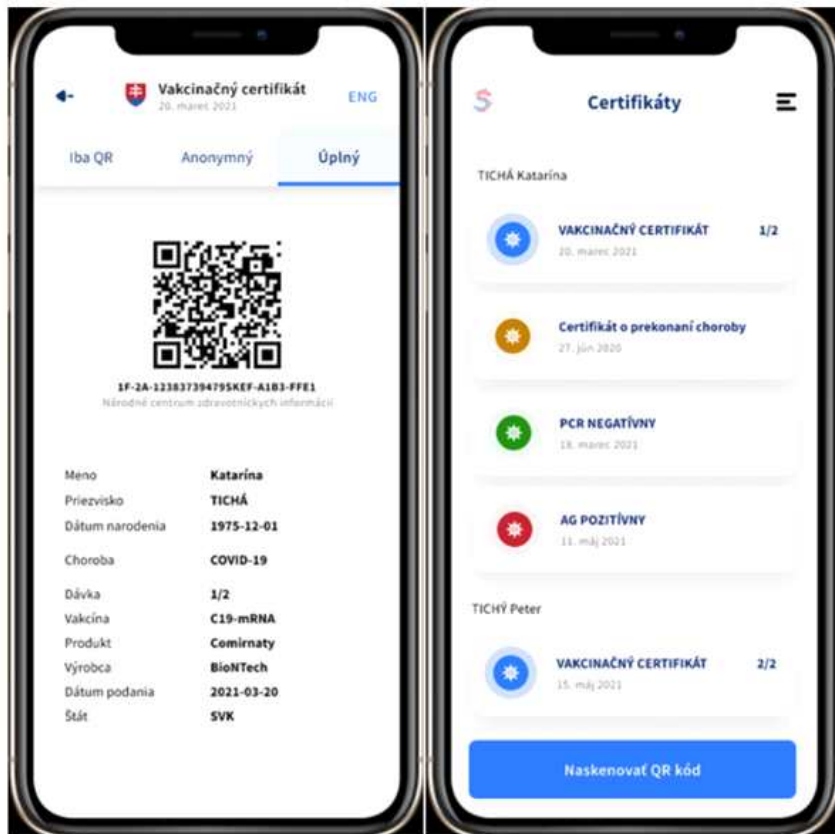


(2) EU 디지털 코로나 증명서 도입 후 예방접종 증명서(6.26 도입 목표) : 양식 상금 미발표

- 전자증명서 -

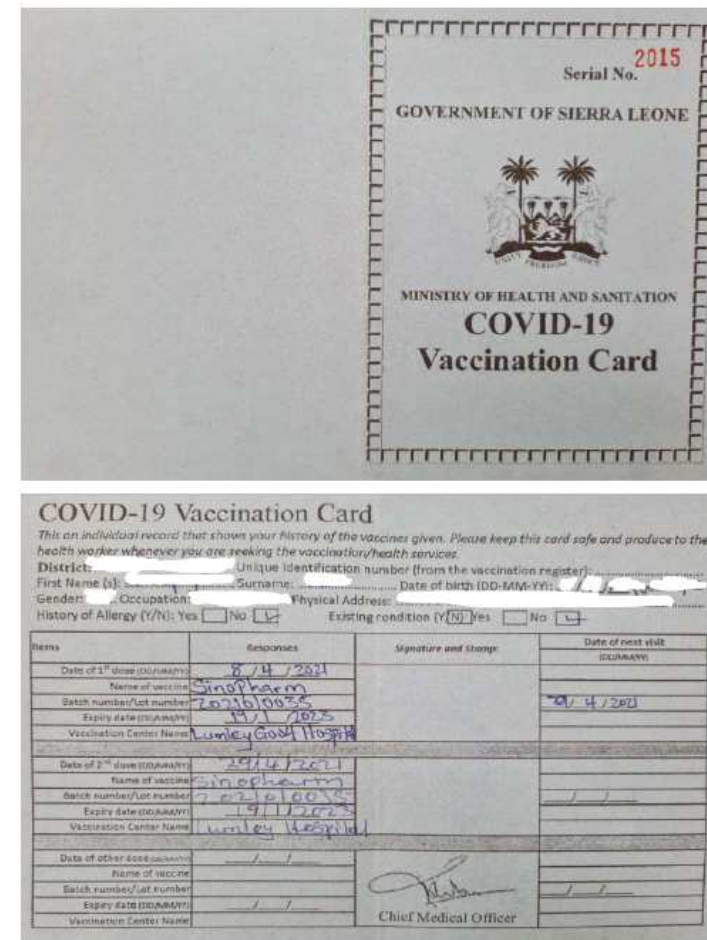
(1) EU 디지털 코로나 증명서 도입 전 : 앱은 사용하지 않으며, 예방접종증명서를 이메일로 발급함(형태는 “종이 증명서”와 동일).

(2) EU 디지털 코로나 증명서 도입 후(6.26 도입 목표) : 예방접종증명서 앱 사용 예정(데모버전)



95. 시에라리온

- 종이증명서 -



96. 싱가포르

- 종이증명서 #1 (백신 접종 완료 후 현장에서 발급) -

Information about COVID-19 Vaccination

The COVID-19 vaccine you have received consists of two doses. The second dose 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.



**MINISTRY OF HEALTH
SINGAPORE**

COVID-19 VACCINATION CARD

Please bring this card for your next appointment

PERSONAL PARTICULARS

Name: KIM I [redacted]

NRIC/FIN: G12345678

DOB: 17 [redacted]

Your Next Vaccination is Due in ____ Days

Appointment Date	Time	Place

COVID-19 Vaccination Record

Vaccine Dose	Vaccine Brand / Batch	Date of Vaccination	Place of Vaccination
D1	PFIZER-BIONTECH COVID-19 Vaccine [Tozinameran] Injection / ER6166	08 Apr 2021	Raffles Medical VC - Tanjong Pagar CC
D2	PFIZER-BIONTECH COVID-19 Vaccine [Tozinameran] Injection / ER9449	29 Apr 2021	Raffles Medical VC - Tanjong Pagar CC

After Vaccination Advice

Possible Side Effects	How to Manage
Pain, redness, swelling at the injection site	Paracetamol 1 to 2 tablets every 6 hours as needed
Fever, chills	
Headache, muscle pain, joint pain	
Tiredness	Rest
Lymph node swelling at neck or arms	Usually gets better by itself in a week or so

See a doctor if:

- the side effects persist or get worse
- the fever persists for more than 48 hours

You can also report any side effects that you experience to HSA via: go.gov.sg/srf

This vaccine may cause a severe allergic reaction in very rare instances. If you experience a severe allergic reaction (difficulty breathing, swelling of your face, throat, eyes or lips, a fast heartbeat, dizziness or weakness, rash all over your body), please seek immediate medical attention by calling 995 or going to the nearest A&E. The doctor will also decide if you should receive the second dose of the vaccine.

96. 싱가포르

- 종이증명서 #2 (싱가포르 보건부 홈페이지에서 다운로드 가능) -




COVID-19 VACCINATION REPORT

GOVERNMENT

Vaccinated

Effective from 13 May 2021

COVID-19 PFIZER-BIONTECH (A-COV)

29 APR 2021

BATCH NO.: ER9449

RAFFLES MEDICAL VACCINATION CENTRE - TANJONG PAGAR CC

08 APR 2021

BATCH NO.: ER6166

RAFFLES MEDICAL VACCINATION CENTRE - TANJONG PAGAR CC

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.

Generated On: 04 JUN 2021 16:29:48



- 종이증명서 #3 (해외여행자용 증명서, 싱가포르 정부기관 검증기능 포함) -

- 전자증명서 -

The image displays two screenshots of the HealthHub mobile application interface.

Left Screenshot (Main Menu):

- Top status bar shows the time 11:25 and battery level at 20%.
- The header features the HealthHub logo.
- Below the header is a section for the user GXXXX6478T, with a "Make Appointment" button.
- The main menu lists several options:
 - COVID-19 RECORDS (with a green arrow icon)
 - MY HEALTH BOOKLET (with a green arrow icon)
 - CHILDREN'S HEALTH (with a blue circular icon)
 - FAMILY & FRIENDS HEALTH (with a blue circular icon)
- A "Programmes" section is visible at the bottom, featuring a grid of icons for various health services.
- The bottom navigation bar includes icons for Home, Calendar, Search, and other functions.

Right Screenshot (COVID-19 Records):

- Top status bar shows the time 11:27 and battery level at 20%.
- The header shows a back arrow and the title "COVID-19 Records".
- The user ID GXXXX6478T is displayed at the top right, along with a "Switch profile" button.
- The section "Vaccination Records" features an illustration of a family celebrating.
- A green checkmark icon indicates the user is "Vaccinated".
- The text "Effective from 13 May 2021" is shown.
- A section titled "COVID-19 PFIZER-BIONTECH (A-COV)" is highlighted, with a "View details" link.
- Two vaccination records are listed:
 - 29 APR 2021:** Batch No.: ER9449, RAFFLES MEDICAL VACCINATION CENTRE - TANJONG PAGAR CC.
 - 08 APR 2021:** Batch No.: ER6166, RAFFLES MEDICAL VACCINATION CENTRE - TANJONG PAGAR CC.
- The bottom navigation bar is consistent with the left screenshot.

97. 아랍에미리트

COVID-19 Vaccination Card			
Client Name	JAE... KIM -		الاسم
Client ID	EID:784-1983- / MRN:...		رقم العميل
Vaccine Name	Pfizer-BioNTech COVID-19 vaccine		التفاح
Vaccine Type	COVID-19 mRNA Vaccine BNT162b2		نوع التفاح
First Dose	Vaccination Date: 12/03/2021 Vaccination Location: ONE CENTRAL COVID19 VACCINATION Lot Number: EN1195 Manufacturer: Pfizer, Inc	التاريخ أخذ التفاح: 12/03/2021 اسم المركز الصحي: ONE CENTRAL COVID19 VACCINATION رقم المجموعة: EN1195 الشركة المصنعة للتفاح: Pfizer, Inc	الجرعة الأولى
Second Dose	Vaccination Date: 02/04/2021 Vaccination Location: ONE CENTRAL COVID19 VACCINATION Lot Number: EN1196 Manufacturer: Pfizer, Inc	التاريخ أخذ التفاح: 02/04/2021 اسم المركز الصحي: ONE CENTRAL COVID19 VACCINATION رقم المجموعة: EN1196 الشركة المصنعة للتفاح: Pfizer, Inc	الجرعة الثانية
Special Note		ملاحظة	
Please be informed that second dose MUST be administered after 21 days from the first dose Post vaccination you might experience minimal side effects like mild pain or swelling around the area where the injection was administered, mild headache and occasionally low grade temperature (not more than 38 C). If this would cause discomfort, this can be treated by medication for pain and fever such as paracetamol. If this does not relieve the symptoms, please call 800342 and they will guide you on the next best step. However, some people might develop more serious medical condition or have signs of severe allergic reaction such as itchy skin rash, shortness of breath and swelling of the face or tongue. Contact your doctor or healthcare professional immediately or go to the nearest hospital emergency room right away if you have a severe allergic reaction as it can be life-threatening. Please consult your doctor before confirming the appointment or taking 2nd dose of the vaccine if you have had any complications following the administration of COVID-19 mRNA Vaccine BNT162b2 1st dose such as allergic reaction or breathing problems. In case of any symptoms, please call 800342 for telemedicine appointment or visit your health center.		الرجاء العلم بأن الجرعة الثانية بعد 21 يوم من الجرعة الأولى بعد التطعيم ، قد تواجه آثارًا جانبية طفيفة مثل ألم خفيف أو تورم حول المنطقة التي تم فيها الحقن وصداخ خفيف وارتفاع بسيط في درجة الحرارة في بعض الأحيان (لا تزيد عن 38 درجة مئوية). إذا كان هذا يسبب عدم الراحة فيمكن علاج ذلك عن طريق تناول أدوية الألم والحساسية مثل الباراسيتامول. وإذا لم يود ذلك إلى تخفيف الأعراض فيرجى الاتصال على الرقم 800342 وسوف يتم توجيهك للخطوة التالية الأفضل. ومع ذلك قد يسبب بعض الأشخاص أعراضًا أكثر خطورة وقد تظهر عليهم علامات رد فعل تحسسي شديد قد تهدد حياتهم مثل طفح جلد حكة أو خضيق في التنفس أو تورم في الوجه أو اللسان. اتصل بطبيبك أو أخصائي الرعاية الصحية أو اذهب إلى أقرب مستشفى / قسم الطوارئ على الفور. قبل تأكيد موعد الزيادة لأخذ الجرعة الثانية من التفاح ، يرجى استشارة طبيبك إذا كان لديك أي مضاعفات مثل الحساسية أو مشاكل في التنفس بعد أخذ الجرعة الأولى من التفاح COVID-19 mRNA BNT162b2 في حالة ظهور أية أعراض ، يرجى الاتصال على الرقم 800342 للحصول على موعد استشارة طبية عن بعد أو زيارة المركز الصحي الخاص بك	

접속화면

세부내역 상단

세부내역 하단

접속화면

세부내역

98. 아르메니아

99. 아르헨티나

- 종이증명서 -

Para estar protegido contra la COVID-19, además de la vacuna tenés que cumplir las recomendaciones vigentes:

- Uso de barbijo
- Lavado frecuente de manos con agua y jabón
- Mantener la distancia de 2 metros con otras personas
- No compartir el mate ni la vajilla

Ante la presencia de síntomas de la enfermedad COVID-19 consultá inmediatamente al sistema de salud de tu localidad y evitá el contacto con otras personas.

Este carnet es un documento importante. Guardadlo en un lugar seguro y sacale una foto para tenerlo disponible siempre.

Al momento de la vacunación recibirás información adicional sobre la vacuna aplicada.

**Carnet único de vacunación
contra el SARS CoV2
(COVID-19)**
MAYORES DE 18 AÑOS

Nombre y Apellido: _____

Fecha de Nacimiento: _____

Tratamiento: _____

Dirección: _____

Localidad: _____ Provincia: _____

Módulo de indicación de vacuna: + 55

Es importante completar el esquema con la misma marca de vacuna con que lo iniciaste. No olvidés presentar tu carnet cuando te necesites para recibir la segunda dosis.

Argentina es un país seguro y seguro

Ministerio de Salud de la Nación

Nombre y Apellido: _____

IMPORTANTE

- Si postuler a la vacunación U.E. presenta algún síntoma, consulte al centro de salud y reanote este carnet.
- Para consultar sobre las vacunas contra COVID-19 comunicarse a la línea 120.
- El tiempo entre las dos dosis de la vacuna es el intervalo mínimo. Para lograr la máxima protección se debe completar el esquema de dos dosis, siempre transcurrido más días que el intervalo mínimo.

VACUNA	DOSIS	FECHA	LOTE	VACUNADOR O CENTRO DE VACUNACIÓN (firma y sello)	OBSERVACIONES
Marca: Sputnik V	1	9-5-21	I 910021	[Firma y Sello]	primeras vacunaciones a partir de 9-5-21
Marca:	2				segunda vacunación a partir de
Marca:	3				
Marca:	4				

OBSERVACIONES:

100. 아이슬란드

102. 아일랜드

종이증명서



**Teastas Digiteach
COVID an AE**

**EU Digital
COVID Certificate**



Republic of Ireland



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

Relevant information can be found here:
<https://ec.europa.eu/europa>

**Vaccination Certificate
Deimhníú Vaccsinálthe**

**Diseases or agent targeted: COVID-19
(SARS-CoV-2 or one of its variants)**
Coise a gcríochnaigh an t-ionas: SARS-CoV-2 nó ceann de dhéantóirí

COVID-19 vaccine or prophylaxis
Vaccín nó próifílaice COVID-19
SARS-CoV-2 mRNA vaccine
COVID-19 vaccine medicinal product
Tuáille vacsinála vacsín COVID-19
Country
COVID-19 vaccine marketing authorisation
Holder of a marketing authorisation
Údaráis margaithe vacsín COVID-19
Blíomnach Manufacturing GmbH

Number in a series of doses as well as the overall number of doses in the series
Uimhir i sraith dáilteacha choimeádacha le h-ionas fóiréir na dáilteacha na tseirí
2 / 2

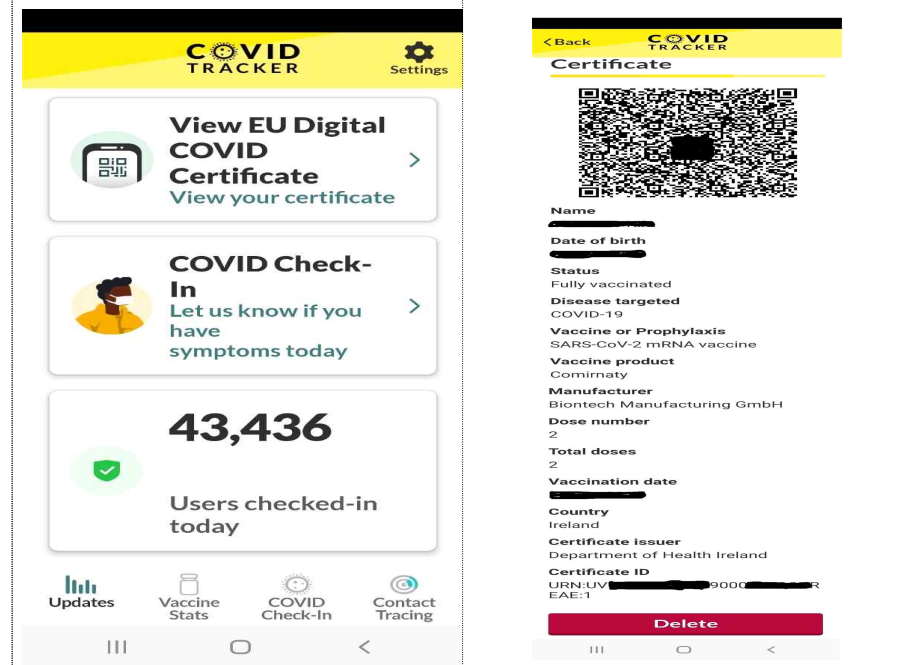
Date of vaccination, indicating the date of the latest dose received
Date an vacsinálthe, ag léiriú an dáite an dáilteach a fuair é
Member State in which the vaccine was administered
Tír ina fuair an vacsín
Ireland

Certificate issuer
Endreachtúirí vacsín
Department of Health Ireland

Folding instructions



- 전자증명서 -



103. 아제르바이잔

- 종이증명서/ 전자증명서 -

PEYVƏND SERTİFİKATI VACCINATION CARD		
SOYADI SURNAME		Ağasiyev
ADI GIVEN NAME		Abduseyin
DOĞULDUĞU TARİX DATE OF BIRTH		23.09.1960
PASPORT NÖMRƏSİ PASSPORT NUMBER		
FƏRDI İDENTİFİKASIYA NÖMRƏSİ PERSONAL ID		2QJHP40
Birinci doza - First dose		
COVID 19, Sinovac	S/N - F202102008	Tarix/Date - 01.05.2021
İkinci doza - Second dose		
COVID 19, Sinovac	S/N - B12860028A	Tarix/Date - 29.05.2021
	 Azərbaycan Respublikası Səhiyyə Nazirliyi	 İCBARİ TİBBİ SİGORTA
		 TƏBİB Təbii dərmanlarla sağlamlıq konsepti Əli İy

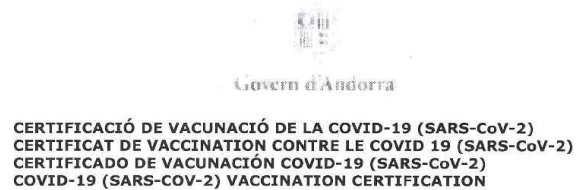
104. 아프가니스탄

- 종이증명서 -

[illegible]

105. 안도라

- 종이증명서 -



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



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

106. 알바니아

- 종이증명서(접종카드) -

Emër Mbiemër: [REDACTED]

1 Tipi i vaksinës: **ASTRA ZENECA**
 Nr. i Lotit: **COMAUS17** Dt. e vaksinimit: **08.04.21**

Mos harro të paraqitesh për të marrë dozën e dytë të vaksinës.
 Data e takimit tuaj të dytë do të jetë:

2 Tipi i vaksinës: **ASTRA ZENECA**
 Nr. i Lotit: **COMAUS33** Dt. e vaksinimit: **09.06.21**

Instituti i Shëndetit Publik / Pika e Vaksinimit: **ARENA**

- 보건청 발급 -

REPUBLIC OF ALBANIA
 MINISTRY OF HEALTH AND SOCIAL PROTECTION
 HEALTH CARE SERVICES OPERATOR
 LOCAL HEALTH CARE UNIT FIER

SARS-COV-2 Vaccination Certificate

Name: [REDACTED]
 Last Name: [REDACTED]
 Date of Birth: 26.07.1978
 Passport number: [REDACTED]

Vaccine manufacturer: **PFIZER**

Total Dose:

1st Dose: 28.05.2021 Lot number: **EY 4834**
 DD/MM/YYYY

2nd Dose: 18.06.2021 Lot number: **FA 7812**
 DD/MM/YYYY

Director: [REDACTED]
 FIER

- 온라인 발급 -

MINISTRIA E SHËNDËSISË DHE SHËRBETËSISË SOCIALE
 OSHKSH

PASAPORTË VAKSINIMI
 VACCINE PASSPORT

Emri
 Name: [REDACTED]

Mbiemri
 Surname: [REDACTED]

Numri personal (NID)
 Personal no.: [REDACTED]

Ditëlindia
 Date of birth: [REDACTED]

Vendlindia
 Place of birth: [REDACTED]

Prodhuesi i vaksinës
 Vaccine supplier: **PFIZER/BioNTech**

Doza I
 1st dose: **11/01/2021**

Doza II
 2nd dose: **01/02/2021**

Mundësuar nga e Albania

107. 알제리

- 종이증명서-

MINISTÈRE DE LA SANTÉ DE LA POPULATION ET DE LA RÉFORME HOSPITALIÈRE

WILAYA DE :
ETABUSSEMENT DE :
SERVICE DE :

**CERTIFICAT DE VACCINATION
COVID-19**

Nom :
Prénom :
Date de naissance : / /

**VACCINATION
COVID-19**

N° enregistrement : / / / / / /

Nom du vaccin :

	Date	N° Lot	site (bras droit / gauche)
1 ^{ère} injection			
2 ^{ème} injection			

Nom de l'agent vaccinateur :
1^{ère} injection

Nom de l'agent vaccinateur :
2^{ème} injection

Comorbidités :

Dates rendez-vous : / /

108. 앙골라

- 종이증명서 (전자증명 포함)-

República de Angola
Ministério da Saúde

**CARTÃO DE VACINAÇÃO
CONTRA A COVID-19**

Nome: Sexo: M ☒ F ☐
nascimento: (DD/MM/AA) BI:
Província: Município:

DOSE	Data de Vacinação DD/MM/AA	Fabricante da Vacina	Nº de Lote	Assinatura autoridade
1ª	29/04/21	AZ-S11	41202029	[Assinatura]
2ª	02/06/21	AZ-S11	41202028	[Assinatura]

É importante conservar seu cartão - Para ficar protegido deve fazer a 2ª dose

RECIBO PARA O UTENTE

Deve guardar sempre este recibo juntamente com o cartão de vacinas contra a COVID-19

Ministério da Saúde – Vacinação contra a COVID-19



Nome -

Documento indicado - Passaporte (.....)

Código de registo -

Proteja-se e proteja os outros

A VACINA SALVA VIDAS

109. 엔티가바부다

110. 에리트레아

111. 에스와티니

- 종이증명서 -

COVID19 VACCINATION CARD

KINGDOM OF ESWATINI
Ministry of Health

EVAX ID: HJKLHN

Name: Ho Young Jung

Sex: F DOB: 09.08.1980

National ID: 800809000625

Region: Hhohho Inkhundla: Kobanba

Call 977 vaccine hotline 24/7 with any questions.

11222

	1st Dose	2nd Dose	Other
Product Name	<u>COVID-19 Vaccine AstraZeneca</u>		
Batch/Lot Number	<u>407010</u>		
Date Given	<u>09/08/21</u>	<u>16/09/21</u>	<u>admitted</u>
Signature	<u>[Signature]</u>	<u>N.N</u>	
Site	<u>Abelholo</u>	<u>Abelholo</u>	
Return Date	<u>07/06/22</u>		

Wash hands. Watch distance. Wear mask.

Avoid
Close spaces
Crowded places
Close contact settings

	1st Dose	2nd Dose	Other
Product Name	<u>COVID-19 Vaccine AstraZeneca</u>		
Batch/Lot Number	<u>407010</u>		
Date Given	<u>09/08/21</u>	<u>16/09/21</u>	<u>admitted</u>
Signature	<u>[Signature]</u>	<u>N.N</u>	
Site	<u>Abelholo</u>	<u>Abelholo</u>	
Return Date	<u>07/06/22</u>		

Wash hands. Watch distance. Wear mask.

Avoid
Close spaces
Crowded places
Close contact settings

112. 에스토니아

- 전자증명서(종이증명서는 전자증명서를 인쇄한 것이므로 동일하게 생김)

VACCINATION CERTIFICATE

IMMUNISEERIMISE TÕEND
СЕРТИФИКАТ О ВАКЦИНАЦИИ

01/EE/TIS/07DOZH8ZPHI38KEOLJM
CERTIFICATE ID
TÕENDI NR. NO. ДОКАЗАТЕЛЬСТВО

COVID-19

DISEASE OR AGENT TARGETED
MILLE VASTU IMMUNISEERIT
БОЛЕЗНЬ, ПРЕДМЕТ КОТОРОЙ ВАКЦИНИРОВАЛИ

VACCINE /PROPHYLAXIS
TOIMEANEND
ТИП ВАКЦИНЫ

VACCINE MEDICINAL PRODUCT
IMMUNISEERIMISE SEIS
ПРЕПАРАТ

Comirnaty

MARKETING AUTHORIZATION HOLDER
MÕÕGLICA HOODJA
ДЕРЖАТЕЛЬ ТОРГОВОЙ ЛИЦЕНЗИИ

BioNTech
Manufacturing GmbH

NUMBER IN A SERIES OF VACCINATIONS
MANUSTAMISE KORDSUS
КОЛИЧЕСТВО ВВЕДЕНИЙ

2 out of 2 doses
kaks doosi kahest
две дозы из двух

VACCINATION STATUS
IMMUNISEERIMISE SEIS
СТАТУС ИММУНИЗАЦИИ

Completed
Lõpetatud
Завершено

DATE OF VACCINATION
IMMUNISEERIMISE KUUPÄEV
ДАТА ВАКЦИНАЦИИ

2021-05-12

COUNTRY OF VACCINATION
RIIK, KUS IMMUNISEERITI
СТРАНА ВАКЦИНАЦИИ

EE

PERSON NAME
PEREKONNNA- JA EESNIME - ФАМИЛИЯ И ИМЯ

PERSON IDENTIFIER
ISIKUKOOD - ЛИЧНЫЙ КОД

PERSON DATE OF BIRTH
SÜNNIAEG - ДАТА РОЖДЕНИЯ

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

HELPOESK
KABUTAJATUGI
СПУТНИК ПОДДЕРЖКИ

+372 7943 943
abi@tehik.ee

Estonian Health Information System
Tervise Infosüsteem
Инфосистема здоровья

CERTIFICATE ISSUER
TÕENDI VÄLJASTAJA
ДОКАЗАТЕЛЬСТВО ВЫДАЮ

Powered by

guardtime

113. 에콰도르

- 종이증명서(신분증 형태) -

CARNET VACUNACIÓN CONTRA LA COVID-19

LADO
FRONTAL

85mm

55mm

CARNET DE VACUNACIÓN CONTRA LA COVID-19

Centro vacunal: _____ Edad: _____

Nombre: _____

Apellido: _____

Tercera Dosis ☐ Vacunado: _____ Fecha: _____

Segunda Dosis ☐ Vacunado: _____ Fecha: _____

Ministerio de Salud Pública

LADO
POSTERIOR

85mm

55mm

Recuerda la vacunación es voluntaria y gratuita

f/SaludEcuador

@Salud_Ec

@minsaec

www.salud.gob.ec

Gobierno del Ecuador

114. 에티오피아

- 종이증명서 -

+

Federal Democratic Republic of Ethiopia
Ministry of Health

COVID 19 IMMUNIZATION CARD

Keep this card safe and present it when you come for the subsequent doses

Id. No. (from registration book) N 68227654

Name BYUNG IL NIN

Age in years 67

Sex MALE

Occupation Business

Village/Got _____

Kebele 07

Woreda 08

Zone/Sub-city Addis Ababa

Region 14

Place of vaccination K.H.C

Dose	Vaccine type	Batch No.	Date vaccinated	Next vaccination date
COV1	COV1	6/10/20	11/11/20	12/11/20
COV2	COV2	6/10/20	12/11/20	✓
Booster				

You must receive at least two doses to be protected fully

የኢትዮጵያ ፌዴራል ዲሞክራሲያዊ ሪፐብሊክ

115. 엘살바도르

- 종이증명서 -

(전면)

VACUNA COVID-19

CARTILLA DE VACUNACIÓN
VACCINATION RECORD CARD

FLOR MARIA DE LOURDES CABRERA
Nombre completo de la persona vacunada *chicas*
Full name of the vaccinated patient

01459153-4
Número de DUI
ID number

Número de Pasaporte (no indispensable)
Passport (not required)

(후면)

1ra. dosis
1st dose

Cartilla de Vacunación COVID-19
COVID-19 Vaccination Record Card

2da. dosis
2nd dose

174 ABR 2021
Fecha
Date

Coronavac (Sinovac)
Fabricante
Manufacturer

12021 03003
No. de Lote
Lot number

19 mayo 21
Fecha
Date

Sello
Seal

116. 영국

- 종이증명서 -

AAAA-BBBB-CCCC-DDDD-EE

Your unique reference
This is to confirm your COVID-19 vaccination record

NHS

Sample Name
Sample Road
Sample Town
Sample County
SA 2PL

17 May 2021

Coronavirus (COVID-19) vaccination confirmation: two doses received
This document is important. Keep it safe. It proves that you have been vaccinated.

Name: **Name, Sample**
Date of birth: **01 January 1946**

Your NHS record now shows you have received two doses of the **COVID-19 vaccine AstraZeneca.**

Dose 1		Dose 2	
Date	02 February 2021	Date	20 April 2021
Vaccine manufacturer	AstraZeneca AB	Vaccine manufacturer	AstraZeneca AB
Disease targeted	COVID-19	Disease targeted	COVID-19
Vaccine product	Vaxzevria	Vaccine product	Vaxzevria
Vaccine / prophylaxis	SARS-CoV-2 antigen	Vaccine / prophylaxis	SARS-CoV-2 antigen
Batch	XX XXXX XXXX	Batch	XX XXXX XXXX
Country of vaccination	GB	Country of vaccination	GB
Administering centre	University Hospital of Sample Town	Administering centre	University Hospital of Sample Town

Find out about COVID-19 symptoms, testing, vaccination and self-isolation on the NHS website: www.nhs.uk/coronavirus

Data Protection: The Department for Health and Social Care is acting as the Data Controller and 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: <https://www.gov.uk/government/publications/dhsc-privacy-notice> or search for "DHSC Status Privacy Notice" in your website browser.

0000001

- 전자증명서 -

Home

Name: Oh
Date of birth: 1986
NHS number: 707 567 9554

Popular services

Share your COVID-19 status
View and share proof of your COVID-19 status for travel

Check your COVID-19 vaccine record
View your vaccination details, like the name and batch number, and report any side effects you have experienced

View your messages

Linked profiles

View your GP health record

Advice Appointments Prescriptions Your health Messages

접속화면

Your COVID-19 vaccine record

Your vaccinations

Date
29 May 2021

Name of vaccine
AstraZeneca

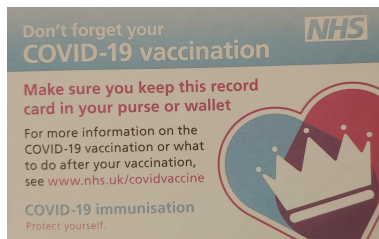
Batch number
PV46693

If you have questions about your vaccine record, or to report an error, visit our help and support page

Advice Appointments Prescriptions Your health Messages

세부내역

- 기타 : 백신접종카드 -



Name

1 Date: 20 May 2021
Vaccine: Pfizer
Batch No: EW41
Time given: 11:25
Don't forget to have your second dose on vaccine. You will have the best protection after two doses.
Second appointment date:

2 Name of vaccine:
Batch no:
Date vaccine given:

Public Health England gateway number: 2020311. Product code: COV2020311

117. 예멘

- 종이증명서 -

Republic of Yemen
Ministry of Public Health and Population

الجمهورية اليمنية
وزارة الصحة العامة والسكان

COVID-19 Vaccination Certificate
شهادة تطعيم كوفيد-19

Date of Birth: 1973-01-01 تاريخ الميلاد: 1973-01-01
National ID: 01010222697 الرقم الوطني: 01010222697
Unique ID: 2021-04-20-16164 الرقم في النظام: 2021-04-20-16164
Name: Dr/Qasem Mohammed Qasem Buharbeh الاسم: د/قاسم محمد قاسم بوحريش

Date of Vaccination تاريخ التخصين	Lot No. رقم لتشفية	Vaccine Type نوع اللقاح	Dose الجرعة
2021-04-20	4121z010	astrazeneca	Dose 1

121. 오만

- 종이증명서 -

6/3/2021


سلطنة عُمان
وزارة الصحة
Sultanate of Oman
Ministry of Health

شهادة تطعيم لقاح كوفيد-19
Immunization certificate for covid 19 vaccine

Beneficiary Details تفصيل الممنوعين

Name		الاسم
Age	Years	العمر
Gender	Male	الجنس
Nationality	SOUTH KOREA	الجنسية
Civil No.		الرقم المدني
Passport No.	DI	رقم الجواز

Vaccination Details تفصيل التطعيم

Dose	Date of Dose	Vaccine Name	Batch No	Vaccination At
الجرعة	تاريخ الجرعة	اللقاح	رقم الدفعة	مكان التطعيم
First Dose	04-04-2021	Pfizer/BioNTech	EX2294	Al Wattyah Health Center
Second Dose	03-05-2021	Pfizer/BioNTech	EX2294	Bausher Stadium

Remarks:





للتحقق من صحة الشهادة ، قم بفتح رمز الاستجابة السريعة الموضح هنا. يرجى التأكد من
covid19.moh.gov.om أن الرابط هو

To check the authenticity of the certificate, scan the QR code
shown here
Please ensure the URL is covid19.moh.gov.om

التاريخ
Date 6/3/21

119. 오스트리아

- 종이증명서 -

Internationaler Impfpass
International Certificate
of Vaccination or Prophylaxis
Certificat international
de vaccination ou de prophylaxie



Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz
Federal Ministry of Labour, Social Affairs, Health and Consumer Protection
Ministère fédéral du Travail, des Affaires sociales, de la
Santé et de la Protection des Consommateurs

GLOSSAR

Impfungen gegen / vaccination against / vaccination contre
Andere Impfungen / other vaccinations / autres vaccinations
Diphtherie / diphthérie / diphtérie
Gelbfieber / yellow fever / fièvre jaune
Hepatitis A / B / hepatitis A / B / hépatite A / B
Human Papillomavirus / human papilloma virus / virus du papillome humain
Keuchhusten / Pertussis / whooping cough / coqueluche
Krankheitsübertragung / transmission / transmission
Mumps / Mumps / mumps / mumps / rougeole-oreillons-rubéole
Meningokokken / meningococcus / meningocoques
Pneumokokken / pneumococcus / pneumocoques
Rötter / measles / rougeole
Tuberkulose / tuberculosis / tuberculose
Windpocken / varicella / varicelle

ausgestellt für / issued to / délivré à

Familiennamen
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 Reisepasses
Passport No.
Numéro du Passeport
Im Notfall zu kontaktieren
To call in case of emergency
À contacter en cas d'urgence

120. 온두라스

- 종이증명서 -

Registro de aplicación de vacuna COVID-19					
Dosis	Fecha de aplicación			Nombre del fabricante/ # Lote/ Fecha de vencimiento	Nombre del vacunador
	Día	Mes	Año		
Primera dosis	15	03	2021	CTMAV517 05-2021	Karolina J.
Segunda dosis	18	05	2021	ABW 4735 Ashtonica 01/21	Dr. Pado Perez
Otras					
Otras					
Otras					

Recuerde: Debe completar el esquema de vacunación con la segunda dosis, por lo que es importante que asista a su cita (fecha en lápiz grafito).

Elaborado: enero 2021.

121 요르단

Ministry of Health
Hashemite Kingdom of Jordan

وزارة الصحة
المملكة الأردنية الهاشمية

شهادة مطعوم كوفيد - 19
COVID - 19 Vaccination Certification

Personal Number: []
Passport Number: []
Nationality: Korea, Republic
Name: []
Date of Birth: []
Reference No.: ZW [] LST

رقم الشخصي: []
رقم الجواز: []
الجنسية: []
الاسم: []
تاريخ الميلاد: []
الرمز المرجعي: ZW [] LST

QR Code

المركز Center	التاريخ Date	رقم التشغيل Lot Number	المطعوم Vaccine	الجرعة Dose
مركز الحسين الرياضي قاعة يا هلا 2 - بوابة 1	10/05/2021	EY4825	فايزر / بيونتيك Pfizer-BioNTech	1

República de Honduras
Carnet de Vacunación COVID-19

Nombre: Nery Conrado Amato Ramirez
No. Identidad: 0171151191580103113
No. Pasaporte: []

Fecha de Nacimiento: Día 20 Mes 11 Año 58

Sexo: Hombre ☒ Mujer ☒

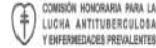
Profesión/ocupación: Medico General
Lugar de trabajo: CIS Teuposenti
Dirección de Residencia: Teuposenti, Bº El Progreso
Número Teléfono/ Celular: 96988220
Nombre del Establecimiento de Salud: CIS Teuposenti
Código del Establecimiento de Salud: 51821

"Vacunate contra la COVID-19 y sigue protegiéndote"

PAI



República Oriental del Uruguay
Ministerio de Salud Pública



CERTIFICADO DE VACUNACIÓN

Nombre:
Fecha Nacimiento:
Documento:

Uruguay | Esquema de Vacunación

Actualizado noviembre 2020

	Edad en meses						Edad en años					
	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12
BCG												
Pentavalente (a)												
Polio (VIP)												
Sarampión-Rubéola-Papera (SRP) - (b)												
Variola												
Hepatitis B												
Hepatitis A												
Triple bacteriana (DPT)												
Triple bacteriana acutular (dpt T)												
Doble bacteriana (dT) - (d)												
Varicela												
Triple Papera (Humero) (VPH)												
Orzop (c)												
Orzop												
Hepatitis B												

Fecha	Vacuna	Dosis	Vacunatorio	Próxima Dosis
30/04/2021	ANTIGRI PAL 2021	1	UNIVERSAL/SEDE CENTRAL	
09/04/2021	COVID 19 - PFIZER-BIONTECH	2	ANTEL ARENA/ANTEL ARENA 1	
12/03/2021	COVID 19 - PFIZER-BIONTECH	1	ANTEL ARENA/ANTEL ARENA 1	
15/04/2019	ANTIGRI PAL 2019	1	ASSE/HOSPITAL PASTEUR	
22/05/2018	TRIPLE VIRAL (SARAMPIÓN, RUBEOLA, PAPERAS)	1	COSEM/Av. ITALIA 4206 MALVÍN	
16/05/2018	ANTIGRI PAL 2018	1	CUDAMPOLICLINICO HOSPITAL ITALIANO	
24/07/2017	HEPATITIS B ADULTOS	3	JF189 - COSEM Parque Rodó	
21/04/2017	ANTINEUMOCÓCICA CONJUGADA 13	4	JF 117 - Hospital Británico	
21/04/2017	ANTIGRI PAL	2	HOSPITAL BRITANICO/CG - HOSPITAL BRITANICO - Montevideo	
16/02/2017	HEPATITIS B ADULTOS	2	JF 117 - Hospital Británico	
07/12/2016	HEPATITIS B ADULTOS	1	JF 117 - Hospital Británico	
26/04/2016	ANTIGRI PAL	1	JA111 - CHLA-EP Eq. Móvil	

Emitido al: 21/06/2021

Certificado emitido desde el Sistema Informático del Ministerio de Salud Pública de Uruguay

124. узбекистан

ЎЗБЕКИСТОН RESPUBLIKASI
SOG'LIQNI SAQLASH VAZIRLIGI
KORONAVIRUS (COVID-19) GA QARSHI
ZMLANGANLIK TO'G'RSIDA
SERTIFIKAT



MINISTRY OF HEALTH
OF THE REPUBLIC OF UZBEKISTAN
CORONAVIRUS (COVID-19)
VACCINATION
CERTIFICATE

Raqami/Номер/ID: 75707

Emlash punkti/Mesto vaktsinatsii/Place of vaccination: Xorazm viloyati, Xazorasp tumani QVP №17

Vaksina turi/Tip vaktsiny/Type of vaccine: ZF-UZ-VAC 2001

Seriya raqami/Номер серии/Series number: 1 N0524637 2 N0523133 3 N0523189

Emlash vaqti/Data vaktsinatsii/Vaccination date: 1 01.04.2021 2 15.04.2021 3 30.04.2021

Passport seriya va raqami/Seriya i nomer pasporta/Passport series and number:

To'liq ismi/Полное имя/Full name:

Tug'ilgan sana/Data rojdeniya/Date of birth: 10.07.2002

Jinsi/Пол/Sex: Erkak

Berilgan sana/Data vydachi/Date of issue: 15.05.2021



O'zbekiston Respublikasi sanitariya-epidemiologik osoyishtalik va jamoat salomatligi xizmati

Manzili: Toshkent shahar, Chilonzor tumani, Bunyodkor ko'chasi, 45

Telefon: +998 71 276 40 71

Email:

.uz



125. 우크라이나

*титульна сторінка (1 ст.)

**INTERNATIONAL CERTIFICATE*
OF VACCINATION AND PROPHYLAXIS**

This is to certify that [name].....
 date of birth.....sex.....
 nationality.....
 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.....

**МІЖНАРОДНЕ СВІДОЦТВО*
ПРО ВАКЦИНАЦІЮ/ПРОФІЛАКТИКУ**

Цим засвідчується, що громадянин (прізвище, ім'я по батькові).....
 (дата, місяць, рік народження)..... (стать)..... (громадянство).....
 (національний ідентифікаційний документ, у разі застосування).....
 чий підпис наведено з.....
 був вакцинований або одержав засіб профілактики проти.....
 (назва хвороби або стану).....
 згідно з Міжнародними медико-санітарними правилами.

Vaccine or prophylaxis Назва вакцини або засобу профілактики	Date Дата	Signature and professional status of supervising clinician Підпис та посада лікаря-клініциста, що здійснює контроль	Manufacturer and batch no. of vaccine or prophylaxis Найменування виробника та номер партії вакцини або засобу профілактики	Certificate valid from: until: Свідоцтво дійсне з..... до..... 20__ р..... 20__ р.....	Official stamp of the administering centre Офіційна печатка закладу, в якому проведена процедура
1.					
2.					
3.					

* Requirements for validity of certificate on page 2.

*Вимоги щодо чинності свідоцтва на сторінці 2.

Requirements for validity

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

Вимоги щодо чинності

Це свідоцтво є чинним лише у разі використання вакцини чи інших профілактичних засобів, схвалених Всесвітньою організацією охорони здоров'я.

Це свідоцтво повинно бути підписано власноруч лікарем або уповноваженим медичним працівником, який здійснює нагляд за введенням вакцини чи інших профілактичних засобів, та завірено печаткою закладу охорони здоров'я. Разом з тим, така печатка закладу охорони здоров'я не може замінити зазначений власноручний підпис.

Внесення будь-яких змін, доповнень або видалень до цього свідоцтва, а також наявність незаповнених граф може призвести до втрати ним чинності.

Це свідоцтво є чинним на період дії введеної вакцини чи іншого профілактичного засобу. Свідоцтво повинно бути повністю заповнене англійською або французькою мовами. Дозволяється заповнення свідоцтва іншими мовами на додаток до англійської або французької мов.

*зворот (2 ст.)

126. 이라크

<앞 면>

بطاقة لقاح كوفيد - ١٩
COVID-19 Vaccination Card

التسلسل Number: ٦٥٩

المركز الصحي أو المستشفى PHC/ Hospital:
 المنطقة Health District:
 الاسم الكامل Full Name:
 الجنس Gender: العمر Age:
 العنوان الكامل Full Address:
 المحافظة Governorate:
 مدينة أو قرية: Sector/Village:
 رقم الهاتف Phone No:
 دة: Street No:
 رقم الإقامة Residence No:
 التاريخ أخذ الجرعة: Date vaccine given:
 موعد الجرعة التالية: Second Dose Appointment Date:
 اسم الشركة المصنعة: Manufacturer name:
 رقم الوجبة: Batch no:
 التاريخ أخذ الجرعة: Date vaccine given:
 اسم الشركة المصنعة: Manufacturer name:
 رقم الوجبة: Batch no:

<وآء آء>

عزيزتي المواطنة .. عزيزي المواطن ..

● احتفظ بهذه البطاقة باعتبارها وثيقة مهمة وحافظ عليها من التلف والضياع.

● الرجاء الالتزام بموعد الجرعة التالية لأن الجرعة الواحدة من اللقاح قد لا تعطي الحماية الكافية من المرض.

● يتوجب عليك احضار هذه البطاقة في موعد الجرعة التالية.

● يرجى مراجعة المبعذ التلقيحي أو أقرب مركز صحي أو مستشفى عند شعورك بأي أعراض بعد التلقيح أو يمكنك الاتصال بالرقم: []

● لا تنس الالتزام بالإجراءات الوقائية وغسل اليدين أو تعقيمها بانتظام وتجنب الزحامات.

تم طباعة هذه البطاقة بدعم من اليونيسف

127. 이라크 (쿠르드지역)

128. 이란

- 종이증명서 -

مرکز بهداشت و درمان دانشجویان

کارت واکسیناسیون کووید-19

نام و نام خانوادگی: تاریخ تولد: ۷/۷/۱۳۸۸

نوبت واکسن	تاریخ	نوع واکسن	شماره سریال
نوبت اول	۱۴/۲/۷	سینوفارم	
نوبت دوم	۱۴/۲/۸	سینوفارم	

129. 이스라엘

- 종이증명서 -

○ 이스라엘 백신접종 증명서 (전자적 증명서 서식동일)

※외국인의 경우, 주재국 의료보험의 의료기관을 통해 백신 접종한 경우 왼쪽 상단에 히브리어로 성명
이 기입되는 경우도 있으므로 여권번호와 생년월일로 확인필요

An example of a vaccination certificate

 Vaccination Certificate תעודת חיסון	
Israel Cohen Israeli Full Name	
00000000 Passport Num.	
15.11.94 Date of Birth	
תאריך תפוגת התוקף Expiration Date 19.09.2020	לתוקף Inoculation 19.0
	12.08.2020 Covid19 BNT1 Pfizer, EK4174 HMO קופ"ח
	12.08.2020 Covid19 BNT1 Pfizer, EK4174 HMO קופ"ח

- 전자증명서 -

An example of a vaccination certificate

 Vaccination Certificate תעודת חיסון	
Israel Cohen Israeli Full Name	
00000000 Passport Num.	
15.11.94 Date of Birth	
תאריך תפוגת התוקף Expiration Date 19.09.2020	לתוקף Inoculation 19.0
	12.08.2020 Covid19 BNT1 Pfizer, EK4174 HMO קופ"ח
	12.08.2020 Covid19 BNT1 Pfizer, EK4174 HMO קופ"ח

131. 이탈리아

- 종이, 전자증명서(모양 동일) -

(예시)

Questo documento contiene un sigillo e una firma qualificata, sia nella forma digitale che in quella stampata, risulta pertanto certificato e non falsificabile. Inquadrando il QRCode, attraverso la app "saluteLazio" presente sugli store Apple e Google, si potrà sempre risalire al documento originale, firmato digitalmente.

This document contains a qualified electronic seal and signature, it is therefore certified and cannot be falsified. By framing the QRCode, through the "saluteLazio" app on the Apple and Google stores, it will always be possible to trace the original document, digitally signed.



**l'Italia rinasce
con un fiore
vaccinazione
anti-Covid 19**



Nome/Name

MARIO

Cognome/Surname

ROSSI

Codice fiscale/TAX Code

RSSMRA40A01H501K

S.S.N. REGIONE LAZIO DIREZIONE REGIONALE
SALUTE E INTEGRAZIONE SOCIO SANITARIA
Area Promozione della Salute e Prevenzione
Via Rosa Raimondi Garibaldi 7, 00145 Roma

Il Direttore regionale

DOSE 1

Data/Date

00/00/0000

Tipo vaccino/Type of vaccine

XXXXXXXXXXXXXXXXXX

Codice AIC/MAH Code

XXXXXXXXXXXXXXXXXX

Codice Lotto/Batch Number

XXXXXXXXXXXXXXXXXX

DOSE 2

Data/Date

00/00/0000

Tipo vaccino/Type of vaccine

XXXXXXXXXXXXXXXXXX

Codice AIC/MAH Code

XXXXXXXXXXXXXXXXXX

Codice Lotto/Batch Number

XXXXXXXXXXXXXXXXXX

ANAGRAFE VACCINALE REGIONALE / REGIONAL IMMUNIZATION REGISTRY
Attestazione vaccinale per l'immunizzazione anti-SARS-CoV-2/COVID-19 / Certification of vaccination for anti-SARS-CoV-2 / COVID-19 immunization



SALUTE LAZIO
SISTEMA SANITARIO REGIONALE



**REGIONE
LAZIO**

132. 인도

(예시(의료종사자))

135. 자메이카

- 종이증명서 -

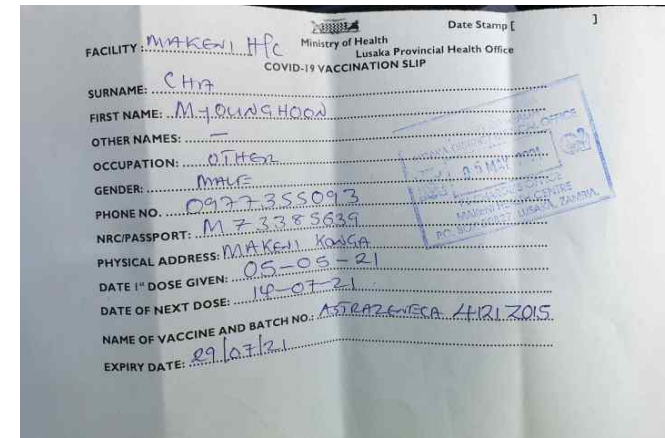


The image shows a two-page form for a COVID-19 vaccination certificate from Jamaica. The top page is titled "JAMAICA CERTIFICATE OF COVID-19 VACCINATION" and features the logo of the Ministry of Health & Wellness. It includes fields for personal information: Name (with Male/Female checkboxes), Address, DOB (dd/mm/yyyy), TRN No., ID No. (with checkboxes for ID Card, Passport, Drivers Lic.), Nationality, Tel. No., and Emergency Contact #. The bottom page is divided into two sections for the 1st and 2nd doses. Each section includes fields for Date, Time, Manufacturer, Batch/Lot no., Expiry date, Place of vaccination, Vaccinator (Name and Signature), and Health Institution Stamp. There is also a section for the Appointment for the 2nd Dose, including Place of Vaccination and Time.

136. 잠비아

종이증명서 -

잠비아 종이증명서 - 1차 접종완료 증명서(2차는 아직 미시행)



The image shows a "COVID-19 VACCINATION SLIP" form from Zambia. It includes a Date Stamp field. The form contains the following handwritten information: FACILITY: MAKEW HFC, Ministry of Health, Lusaka Provincial Health Office; SURNAME: CHA, FIRST NAME: M. J. OUNGA HOON; OTHER NAMES: O. J. H. S.; OCCUPATION: MAFU; GENDER: M; PHONE NO. 0977355093; NRC/PASSPORT: M73385639; PHYSICAL ADDRESS: MAKEW KONGA; DATE 1st DOSE GIVEN: 05-05-21; DATE OF NEXT DOSE: 10-07-21; NAME OF VACCINE AND BATCH NO.: ASTRAZENECA / H1212015; EXPIRY DATE: 09/07/21. There is a blue rectangular stamp on the right side of the form.

137. 적도기니

- 종이증명서 -

CARNET DE VACUNACION CONTRA LA COVID-19

REPUBLICA DE GUINEA ECUATORIAL
MINISTERIO DE SANIDAD Y BIENESTAR SOCIAL
COMITE TECNICO NACIONAL DE VIGILANCIA Y RESPUESTA ANTE LA PANDEMIA DE LA COVID-19

Nota: Por favor, guarde este carnet de vacunación, que incluye información médica sobre las vacunas contra la Covid 19 que has recibido

Nombre y Apellidos: HONGKOO WOO Edad: 55 Sexo: M

Residencia Actual (favor de precisar): PARAISO

Código Único: Mal 02 Distrito donde fue Vacunado: Malabo
141930

Tipo de Vacuna contra la Covid 19	Lote de la Vacuna	Fecha de 1ª dosis	Fecha de 2ª dosis	Firma
SARS COV2 VACCINE	<u>2020</u> <u>12373</u>	<u>23, 4, 24</u> dd mm aaaa	<u>11, 12, 24</u> dd mm aaaa	

Organización Mundial de la Salud unicef

MCDI

138. 조지아

- 종이증명서 -



COVID 19 ბარათი/ COVID 19 FORM



მონაცემები განახლებულია / Data Updated

პირადი ნომერი Personal Number	გვარი, სახელი Name, Surname	დაბადების თარიღი Date of Birth

COVID 19 ვაქცინაცია COVID 19 Vaccination	ვაქცინის მწარმოებელი Vaccine Manufacturer	თარიღი Date	სამედიცინო დაწესებულება Medical institution

PCR კვლევის შედეგი PCR Test Result	თარიღი Date	ლაბორატორია Laboratory

ხელმოწერა ელექტრონულია
Signed Digitally 

139. 중국

- 종이증명서 -

(베이징시-북경시)

(광둥성-광둥성)

预防接种凭证
(Vaccination Certificate)

接种者编码
Code
接种者姓名
Name
性别
Gender
家庭住址
Current Address

身份证号码
ID
出生日期
Date of birth
联系电话
Mobile phone

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新冠疫苗 (Vero细胞)	1	2021-04-29	1202103018	北京科兴中维	广外社区
2	新冠疫苗 (Vero细胞)	2	2021-05-23	202104019F	北京科兴中维	广外社区

注：此凭证请接种者妥善保管，以备查验。
发证单位 Clinic: 北京市西城区广外社区卫生服务中心
单位盖章:

广外社区卫生服务中心保健科
计划免疫专用章

(랴오닝성-요녕성)

(헤이룽장성-흑룡강성)

预防接种凭证
(Vaccination Certificate)

接种者编码
Code
接种者姓名
Name
性别
Gender
家庭住址
Current Address

身份证号码
ID
出生日期
Date of birth
联系电话
Mobile

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 (Vero细胞)	1	2021-05-11	1202103018	北京科兴中维 Sinovac Life Science Co., Ltd.	沈阳盛德医学科技发展有限公司 (成人)
2	新型冠状病毒疫苗 (Vero细胞)	2	2021-06-01	1202104015	北京科兴中维 Sinovac Life Science Co., Ltd.	沈阳盛德医学科技发展有限公司 (成人)

注：此凭证请接种者妥善保管，以备查验。

发证单位 Clinic: 沈阳盛德医学科技发展有限公司 (成人)

单位盖章:



预防接种凭证
(Vaccination Certificate)

接种者编码
Code
接种者姓名
Name
性别
Gender
家庭住址
Current Address

身份证号码
ID
出生日期
Date of birth
联系电话
Mobile

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 (Vero细胞)	1	2021-05-08	1202104022	北京科兴中维 Sinovac Life Science Co., Ltd.	大连经济技术开发区大孤山街道社区卫生服务中心
2	新型冠状病毒疫苗 (Vero细胞)	2	2021-06-10	202105047F	北京科兴中维 Sinovac Life Science Co., Ltd.	大连市普特奥医院有限公司

注：此凭证请接种者妥善保管，以备查验。

发证单位 Clinic: 大连市普特奥医院有限公司

单位盖章:

(면양시)

(청주시-성도시)

(충청시-충경시)

(충청시-충경시)

预防接种凭证
Vaccination Certificate

This certificate certifies that the following person has received the below mentioned vaccines at our hospital.

接种者姓名
Recipient's name
性别
Gender
出生日期
Date of birth
联系电话
Mobile Number

序号 No.	疫苗名称 Name of vaccine	剂次 Dose	接种日期 Vaccination Date	疫苗批号 Batch No.	生产企业 Manufacturer	接种单位 Vaccine Clinic
1	新型冠状病毒疫苗 (Vero细胞) Inactivated Coronavirus Vaccine (Vero cell)	1	2021.05.19	2021040098C	成都生物制品研究所有限责任公司 Chengdu Institute of Biological Products Co., Ltd. (Sinopharm)	重庆医科大学附属第一医院 The First Affiliated Hospital of Chongqing Medical University
2	新型冠状病毒疫苗 (Vero细胞) Inactivated Coronavirus Vaccine (Vero cell)	2	2021.06.09	2021040077C	成都生物制品研究所有限责任公司 Chengdu Institute of Biological Products Co., Ltd. (Sinopharm)	重庆医科大学附属第一医院 The First Affiliated Hospital of Chongqing Medical University

注：此凭证请接种者妥善保管，以备查验。
Note: Please keep this certificate safely for verification purpose.

发证单位 Certification Unit: 重庆医科大学附属第一医院
The First Affiliated Hospital of Chongqing Medical University

单位盖章 Unit Stamp



预防接种凭证
(Vaccination Certificate)

Vaccination Certificate				接种单位 Vaccine Center	
接种者编码 Code	120210301819710304F			V020210304	
接种者姓名 Name	张某某 ZHANG X			男	
出生日期 Date of birth	1971-03-04			联系电话 Mobile phone	
接种日期 Date of injection	2021-03-04			2021-03-04	
接种单位 Vaccine Center					
疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
新冠疫苗 (Vero细胞)	1	2021-03-04	1202103018	北京科兴中维	北京科兴中维
新冠疫苗 (Vero细胞)	2	2021-03-12	202103019F	北京科兴中维	北京科兴中维

注：此凭证请接种者妥善保管，以备查验。
发证单位 Clinic: 北京市西城区广外社区卫生服务中心

单位盖章:

第1页 共1页

(산동성-산동성)

预防接种凭证
(Vaccination Certificate)

受种者编码 Code: 371422194119640024 身份证号 ID: W0617485

受种者姓名 Name: 王XX 出生日期 Date of birth: 2021-05-13

性别 Gender: 男 联系电话 Mobile: 15153438122

家庭住址 Current Address: 山东省, 聊城市, 东阿县, 新城街道办事处, 李村村委会

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 COVID-19 vaccine	1	2021-05-13	2021040096	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	东阿县人民医院新冠疫苗接种临时接种点
2	新型冠状病毒疫苗 COVID-19 vaccine	2	2021-06-09	2021050898	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	东阿县人民医院新冠疫苗接种临时接种点

注: 此凭证请受种者妥善保存, 以备查验。

发证单位 (Clinic): 东阿县人民医院新冠疫苗接种临时接种点

单位盖章: [Red Stamp]

(후베이성-호북성)

预防接种凭证

受种者编码 Code: 420103080110632003 身份证号 ID: W0617485

受种者姓名 Name: 王XX 出生日期 Date of birth: 1993-08-15

性别 Gender: 女 联系电话 Mobile Phone: 15153438122

家庭住址 Current Address: 武汉市

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 COVID-19 vaccine	1	2021-04-20	2021030300	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	武汉市金银潭医院
2	新型冠状病毒疫苗 COVID-19 vaccine	2	2021-06-04	20210402010	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	武汉市金银潭医院

注: 此凭证请受种者妥善保存, 以备查验。

发证单位 (Clinic): 武汉市金银潭医院

单位盖章: [Red Stamp]

(허남성-하남성)

预防接种凭证
(Vaccination Certificate)

受种者编码 Code: 411122194119640024 身份证号 ID: W0617485

受种者姓名 Name: 王XX 出生日期 Date of birth: 2021-05-13

性别 Gender: 男 联系电话 Mobile: 15153438122

家庭住址 Current Address: 河南省, 新乡市, 卫滨区, 卫滨区疾病预防控制中心

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 COVID-19 vaccine	1	2021-05-13	2021040096	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	新乡市疾病预防控制中心
2	新型冠状病毒疫苗 COVID-19 vaccine	2	2021-06-09	2021050898	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	新乡市疾病预防控制中心

注: 此凭证请受种者妥善保存, 以备查验。

发证单位 (Clinic): 新乡市疾病预防控制中心

单位盖章: [Red Stamp]

(간우성-감숙성)

预防接种凭证
(Vaccination Certificate)

受种者编码 Code: 640103080110632003 身份证号 ID: W0617485

受种者姓名 Name: 王XX 出生日期 Date of birth: 1993-08-15

性别 Gender: 女 联系电话 Mobile: 15153438122

家庭住址 Current Address: 甘肃省, 兰州市, 城关区, 兰州市疾病预防控制中心

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 COVID-19 vaccine	1	2021-04-20	2021030300	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	兰州市疾病预防控制中心
2	新型冠状病毒疫苗 COVID-19 vaccine	2	2021-06-04	20210402010	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	兰州市疾病预防控制中心

注: 此凭证请受种者妥善保存, 以备查验。

发证单位 (Clinic): 兰州市疾病预防控制中心

单位盖章: [Red Stamp]

(후남성-호남성)

预防接种凭证
(Vaccination Certificate)

受种者编码 Code: 48101813001197301008 身份证号 ID: W0617485

受种者姓名 Name: 王XX 出生日期 Date of birth: 1993-08-15

性别 Gender: 男 联系电话 Mobile: 15153438122

家庭住址 Current Address: 湖南省, 长沙市, 浏阳市, 浏阳市疾病预防控制中心

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 COVID-19 vaccine	1	2021-01-16	2020011073	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	浏阳市疾病预防控制中心
2	新型冠状病毒疫苗 COVID-19 vaccine	2	2021-02-19	2021010009	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	浏阳市疾病预防控制中心

注: 此凭证请受种者妥善保存, 以备查验。

发证单位 (Clinic): 浏阳市疾病预防控制中心

单位盖章: [Red Stamp]

(장시성-강서성)

预防接种凭证

受种者编码 Code: 3601020050119860155 身份证号 ID: W0617485

受种者姓名 Name: 王XX 出生日期 Date of birth: 1993-08-15

性别 Gender: 女 联系电话 Mobile: 15153438122

家庭住址 Current Address: 江西省, 南昌市, 西湖区, 西湖区疾病预防控制中心

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 COVID-19 vaccine	1	2021-06-21	2021050898	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	西湖区疾病预防控制中心
2	新型冠状病毒疫苗 COVID-19 vaccine	2	2021-06-21	2021050898	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	西湖区疾病预防控制中心

注: 此凭证请受种者妥善保存, 以备查验。

发证单位 (Clinic): 西湖区疾病预防控制中心

单位盖章: [Red Stamp]

(산시성-섬서성)

新型冠状病毒疫苗紧急接种证明
Certificate Emergency Vaccine of 2019-nCoV Vaccine

受种者姓名 Name: 王XX 性别 Gender: 男

出生日期 Date of birth: 1993-08-15 联系电话 / Mobile: 15153438122

身份证号 ID: W0617485 身份证号 / Passport No: W0617485

家庭住址 / Current Address: 陕西省, 西安市, 雁塔区, 雁塔区疾病预防控制中心

受种者编码 / Code: 610103 疫苗批号 / Lot#

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 COVID-19 vaccine	1	2021-06-21	2021050898	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	西安市雁塔区疾病预防控制中心
2	新型冠状病毒疫苗 COVID-19 vaccine	2	2021-06-21	2021050898	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	西安市雁塔区疾病预防控制中心

发证单位 (Clinic): 西安市雁塔区疾病预防控制中心

发证日期 / Date of issue: 2021-06-21

单位盖章: [Red Stamp]

(닝샤성-영하성)

预防接种凭证
(Vaccination Certificate)

受种者编码 Code: 640103080110632003 身份证号 ID: W0617485

受种者姓名 Name: 王XX 出生日期 Date of birth: 1993-08-15

性别 Gender: 女 联系电话 Mobile: 15153438122

家庭住址 Current Address: 宁夏回族自治区, 银川市, 兴庆区, 兴庆区疾病预防控制中心

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新型冠状病毒疫苗 COVID-19 vaccine	1	2021-06-02	2021050898	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	银川市兴庆区疾病预防控制中心
2	新型冠状病毒疫苗 COVID-19 vaccine	2	2021-06-02	2021050898	北京科兴中维 Beijing Institute of Biological Products Co., Ltd.	银川市兴庆区疾病预防控制中心

注: 此凭证请受种者妥善保存, 以备查验。

发证单位 (Clinic): 银川市兴庆区疾病预防控制中心

单位盖章: [Red Stamp]

(광동성 광저우시)

预防接种凭证
Vaccination Certificate

受种者编码Code: 身份证ID:
受种者姓名Name: 性别Gender:
出生日期Date of birth: 联系电话Mobile phone#: 家庭住址Current Address:

序号 NO.	疫苗名称 Vaccine Name	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种部位 Site	接种单位 Clinic	接种人员 Provider
1	SARS-CoV-2 Vaccine (Vero Cell) / 1	2021-05-18	2021030068	2023-03-27	Sinovac LS	left upper arm	Dongguan People's Hospital	罗前
2	SARS-CoV-2 Vaccine (Vero Cell) / 2	2021-06-20	2021040220	2023-05-22	Sinovac LS	left upper arm	The No. 2 Provincial Hospital of Guangdong	罗洁

发证单位Clinic: The No. 2 Provincial People's Hospital of Guangdong



중간에는 꽃모양의 그림이 추가되며, 하단에 백신접종완료 메시지를 확인할 수 있음.

(광동성 신전시)

预防接种凭证
(Vaccination Certificate)

受种者编码 Code: 身份证号码 ID no.:
受种者姓名 Name: 出生日期 Date of birth:
性别 Gender: 联系电话 Mobile phone:
家庭住址 Current Address:

序号 NO.	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新冠疫苗接种 (SARS-CoV-2 Vaccine (Vero Cell), Inactivated)	1	2021-05-28	2021040664	北京生物 (Beijing Biological Products Co., Ltd.)	深圳市宝安区人民医院 (Shenzhen Bao'an People's Hospital)
2	新冠疫苗接种 (SARS-CoV-2 Vaccine (Vero Cell), Inactivated)	2	2021-06-20	2021020390	北京生物 (Beijing Biological Products Co., Ltd.)	深圳市宝安区人民医院 (Shenzhen Bao'an People's Hospital)

注意: 此凭证请受种者妥善保管, 以备查验。
Please keep this certificate properly for further check.

发证单位Clinic: 深圳市宝安区人民医院 (Shenzhen Bao'an People's Hospital)



● 미접종자와 달리, 접종완료자의 건강코드(웨랑코드) 중간에는 사자털모양의 그림이 추가되며, 오른쪽 하단에 백신접종완료 메시지를 확인할 수 있음.

(광동성 둥관시)

预防接种凭证
Vaccination Certificate

受种者编码Code: 身份证ID:
受种者姓名Name: 性别Gender:
出生日期Date of birth: 联系电话Mobile phone#: 家庭住址Current Address:

序号 NO.	疫苗与剂次 Vaccine/Dose	接种日期 Date	疫苗批号 Lot#	有效期 Expiry Date	生产企业 Manufacturer	接种部位 Site	接种单位 Clinic	接种人员 Provider
1	新冠疫苗 (Vero 细胞) 1	2021-04-29	G202103025	2023-03-18	北京科兴中维	左上臂	东莞市人民医院	袁地朋
2	新冠疫苗 (Vero 细胞) 2	2021-06-01	202105033L	2023-05-04	北京科兴中维	左上臂	东莞市人民医院	袁地朋

发证单位Clinic: 东莞市人民医院

(푸젠성 샤먼시)

预防接种凭证
(Vaccination Certificate)

受种者编码 Code: 身份证 ID:
受种者姓名 Name: 出生日期 Date of birth:
性别 Gender: 联系电话 Mobile phone:
家庭住址 Current Address:

序号 NO.	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot#	生产企业 Manufacturer	接种单位 Clinic
1	新冠疫苗接种 (SARS-CoV-2 Vaccine (Vero Cell), Inactivated)	1	2021-05-05	2021030068	北京生物 (Beijing Biological Products Co., Ltd.)	厦门大学附属第一医院
2	新冠疫苗接种 (SARS-CoV-2 Vaccine (Vero Cell), Inactivated)	2	2021-06-21	2021030068	北京生物 (Beijing Biological Products Co., Ltd.)	厦门大学附属第一医院

注意: 此凭证请受种者妥善保管, 以备查验。
发证单位Clinic: 厦门大学附属第一医院

● 미접종자와 달리, 접종완료자의 QR코드에 금색 테두리가 추가되며, 중간 그림색상 역시 금색으로 변동됨. QR코드 하단에 백신접종완료 메시지를 확인할 수 있음.

<수이캉코드 QR코드 및 상세내역 예시>

2021/07/09 18:18:27

입력완료 시간: 2021/02/03

7921 6614

2 차 백신 접종 완료 2021/05/19

자가검사 신고

백신접사결과

백신 접종 정보

무통상

백신 접종 정보

입력 완료

백신 접종 정보

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백신 접종 정보

<위에캉코드 QR코드 및 상세내역 예시>

2021-07-09 17:05:25

我的健康码信息

核酸检测

阴性

新冠疫苗接种

已完成全程接种

健康码

健康码

健康码

健康码

新冠疫苗接种记录

新冠疫苗接种记录

新冠疫苗接种记录

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新冠疫苗接种记录

新冠疫苗接种记录

- 같은 광저우시라고 하더라도, 기본적인 양식은 동일하나 발급기관마다 세부내용이 조금씩 상이함. 예를 들어, 선전시의 경우, 중문/영문명을 모두 병기하는 한편, 광저우시의 경우, 중문명칭만(北京生物, 北京科兴中维) 기재하거나 영문명칭만 기재하며 병원에 따라 직인 혹은 담당자의 서명을 기재하고 있음. 접종증명서 우측 상단의 QR코드를 스캔하면 접종 병원으로 연결되며 개인접종정보를 확인할 수 없기 때문에 위변조 가능성이 있음.
- 건강코드앱에 접종완료자들은 QR코드 중간에 추가 그림이 생기거나 색깔이 변동되는 등의 특징이 있으며, 상세내역에는 언제, 어디서, 어떤 백신을 접종하였는지 추가로 확인이 가능함. 따라서, 접종증명서 서면을 제출하는 동시에 QR코드앱 캡처본과 상세내역을 확인하여 접종증명서의 내용이 정확한지 추가로 확인을 진행하고 있음.

(지린성-길림성)

预防接种凭证

受种者编码 Code: 222401200119800078 身份证号 ID: 222405198610100417
 受种者姓名 Name: 李万夫 出生日期 Date of birth: 1986-10-10
 性别 Gender: 男 联系电话 Mobile Phone: 18343555555
 家庭住址 Current Address: 吉林省延吉市朝阳川镇

序号 NO.	疫苗与剂次 Vaccine	接种日期 Date	疫苗批号 Lot	疫苗追溯码 Trace Code	生产企业 Manufacturer	接种单位 Clinic
1	新冠疫苗 (Vero细胞) 1 剂	2021-04-06	2021030216	81900707060643355	北京生物	延吉市朝阳川镇
2	新冠疫苗 (Vero细胞) 2 剂	2021-04-28	2021030360	819007060643355	北京生物	延吉市朝阳川镇

发证单位(盖章) Clinic: 延吉市朝阳川镇卫生院

(텐진시-천진시)

受种者基本信息:

姓名/Name: _____ 性别/Sex: _____
 居住属性/Residence: _____ 户籍省/直辖市/自治区 _____
 出生日期/DOB: _____ 年 _____ 月 _____ 日
 身份证号码/ID code: _____
 现住址/Present Address: _____
 联系电话/Phone: _____
 发证单位(盖章): _____
 免疫编码: _____

注: 适用于动物防疫处置门诊、成人接种门诊及免疫规划门诊成人接种疫苗接种记录。

接种记录 (一) Immunization Record (Part I)

疫苗名称 Vaccine	接种日期 Y/M/D	疫苗剂次 Lot	疫苗批号 Exp	生产企业 Man	接种单位 Clinic
新冠疫苗 (Vero细胞) 1 剂	2021-04-06	2021030216	81900707060643355	北京生物	延吉市朝阳川镇
新冠疫苗 (Vero细胞) 2 剂	2021-04-28	2021030360	819007060643355	北京生物	延吉市朝阳川镇

(상하이시-상해시)

2021-07-09 17:05:25

我的健康码信息

核酸检测

阴性

新冠疫苗接种

已完成全程接种

健康码

健康码

健康码

健康码

新冠疫苗接种记录

新冠疫苗接种记录

新冠疫苗接种记录

新冠疫苗接种记录

新冠疫苗接种记录

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新冠疫苗接种记录

新冠疫苗接种记录

注: 此凭证请妥善保管, 以备查验。

发证单位(Clinic): 上海市浦东新区疾病预防控制中心

单位盖章:

(허베이성-하북성)

预防接种凭证
(Vaccination Certificate)

15.4

受种者编码
Code 1301040040011975084 身份证号
ID [REDACTED]

受种者姓名
Name [REDACTED] 出生日期
Date of birth [REDACTED]

性别
Gender [REDACTED] 联系电话
Mobile phone [REDACTED]

家庭住址
Current Address [REDACTED]

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot	生产厂家 Manufacturer	接种单位 Clinic
1	新冠疫苗 (Vero 细胞) 1	1	2021-05-07	B302104017	安徽智飞龙科马	红旗社区卫生服务站
2	新冠疫苗 (Vero 细胞) 2	2	2021-06-06	202105096	安徽智飞龙科马	红旗社区卫生服务站
3						
4						
5						

注: 此凭证, 受种者要妥善保管, 以备查验。
发证单位 Clinic: 红旗社区卫生服务站

单位盖章: [REDACTED]

(칭하이성-청해성)

预防接种凭证

受种者编码 Code: 6501030019710108 身份证号 ID: [REDACTED]

受种者姓名 Name: [REDACTED] 性别 Gender: [REDACTED]

出生日期 Date of birth: [REDACTED] 联系电话 Mobile phone: [REDACTED]

家庭住址 Current Address: [REDACTED]

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot	生产厂家 Manufacturer	接种单位 Clinic	接种人员 Provider
1	新冠疫苗 (Vero 细胞) 1	1	2021-04-02	202011151	北京生物	右土营	西宁市第一人民医院
2	新冠疫苗 (Vero 细胞) 2	2	2021-05-01	2021040160	兰州生物	右土营	西宁市第一人民医院

发证单位 Clinic: 西宁市第一人民医院

(네이멍구자치구-내몽고)

预防接种凭证
(Vaccination Certificate)

受种者编码
Code 1301040040011975084 身份证号
ID [REDACTED]

受种者姓名
Name [REDACTED] 出生日期
Date of birth [REDACTED]

性别
Gender [REDACTED] 联系电话
Mobile phone [REDACTED]

家庭住址
Current Address [REDACTED]

序号 NO	疫苗名称 Vaccine	剂次 Dose	接种日期 Date	疫苗批号 Lot	生产厂家 Manufacturer	接种单位 Clinic
1	新冠疫苗 (Vero 细胞) 1	1	2021-06-13	202008013	北京生物	内蒙古包头市昆都仑召社区卫生服务中心
2	新冠疫苗 (Vero 细胞) 2	2	2021-07-08	202008013	北京生物	内蒙古包头市昆都仑召社区卫生服务中心

注: 此凭证, 受种者要妥善保管, 以备查验。
发证单位 Clinic: 内蒙古包头市昆都仑召社区卫生服务中心

单位盖章: [REDACTED]

(신장 우루무치)

新冠疫苗接种单

受种者编码: 6501030019720364 身份证号: [REDACTED]

姓名: [REDACTED] 性别: [REDACTED]

出生日期: [REDACTED] 联系电话: [REDACTED]

工作单位: [REDACTED] 职业: [REDACTED]

人群分类: [REDACTED]

疫苗	剂次	接种日期	生产厂家	批号	接种部位	接种人员
新冠疫苗	1	2021-03-18	武汉生物	202101001	左上臂	姚正娟
新冠疫苗	2	2021-04-29	兰州生物	2021030009g	右上臂	于荣英

打印单位: 长江路社区卫生服务中心
打印时间: 2021-04-29 11:52
打印人: 安玉美

- 전자증명서 -

(베이징시-북경시)

北京健康宝

Q: 如何导出或打印接种凭证

本人健康码自查询

老幼健康码助查询

他人健康码代查询

本人信息扫码登记

核酸疫苗服务查询

核酸疫苗服务查询

新冠疫苗接种
COVID-19 Vaccine

姓名: JO**IN
证件号: ID number G7*****54

疫苗接种完成
Immunization Series Completed

距离第二剂次接种完成已过 27 天
It has been 27 days since the second dose was given

温馨提示

疫苗类型: 新冠疫苗 (Vero 细胞)

第一剂次

疫苗厂商: 北京科兴中维

(랴오닝성-요녕성)

辽事通码

*EE JEONGIN
M51****57

绿码

2021-06-02 07:08:11

新冠疫苗接种辽宁省接种记录

第一针 2021-05-11

第二针 2021-06-01

通信大数据行程卡

今日未核验

点击核验

- 전자증명서 -

(쓰촨성-사천성)



(산시성-섬서성)



- 전자증명서 -

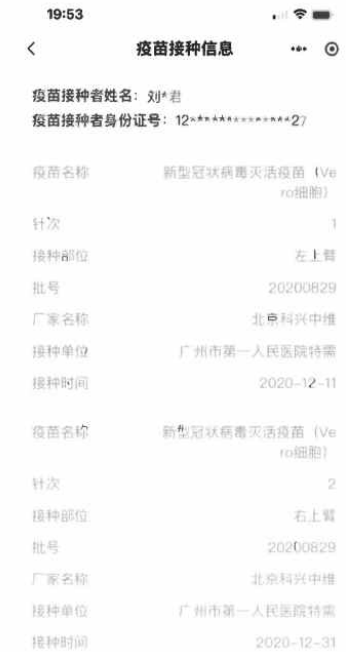
(광저우시)



(칭하이성-청해성)



青海信康码依托全国一体化政务服务平台, 实现跨省(区、市) 数据共享和互通互认



(신장 우루무치)



- 전자증명서 -

(선전시-심천시)



(샤먼시-하문시)



140. 중앙아프리카공화국

MINISTÈRE DE LA SANTÉ ET DE LA POPULATION		REPUBLIQUE CENTRAFRICAINE Unité - Dignité - Travail	
 CARTE DE VACCINATION CAMPAGNE NATIONALE DE VACCINATION CONTRE LA COVID-19			
Région:	District:	Commune:	N° 1348
Fosa:	Village/Quartier: NGARAGBA	Tel:	
Nom et Prénoms:	Age:	Sexe: M ☐ F ☒	
Première dose		Deuxième dose	
Date de la vaccination 15/06/2021		Date de la vaccination / / 20...	
Vaccin contre COVID-19		Vaccin contre COVID-19	
Fabricant: ZINBIO		Fabricant:	
N° Lot: 130208		N° Lot:	
Date péremption Date péremption 15/06/2021		Date péremption Date péremption / /	
Qualificat. Du vaccinateur: Médecin ☐ TSL ☐		Qualificat. Du vaccinateur: Médecin ☐ TSL ☐	
IDE ☒ ADE ☐ AAE ☐ SFDE ☐ Autre ☐		IDE ☐ ADE ☐ AAE ☐ SFDE ☐ Autre ☐	
Nom, Prénoms et Téléphone		Nom, Signature et Téléphone	

141. 지부터

- 종이증명서(아스트라제네카(AZ)1차) -




Certificat de vaccination Covid-19
1^{ère} Dose

Ce certificat atteste que :

- Mr / Mme **ZEINAB KAMIL ALI**
- Né(e) le **29/07/1970**
- Titulaire de la pièce d'identité (Passeport) numéro **16RE81210**
- Numéro de dossier **DJ8133**

A reçu la première dose :

- À la date du **30/03/2021**
- Vaccin **AstraZeneca**
- Numéro de lot **4121Z009**
- Site de vaccination **Palais du Peuple**

La seconde dose sera administrée le **04/07/2021 à 10h30** au site de vaccination **Palais du Peuple**.

Merci de venir à cette date muni(e) de ce certificat.

Pour toutes informations ou si vous pensez avoir des effets indésirables, prière de contacter le 1517.



Cachet Du Médecin Prescripteur



- 종이증명서(아스트라제네카(AZ)2차) -




Certificat de vaccination Covid-19
2nd Dose

Ce certificat atteste que :

- Mr / Mme **HAWA AHMED ABDALLAH**
- Né(e) le **07/08/1979**
- Titulaire de la pièce d'identité **Non vérifié** numéro **039175**
- Numéro de dossier **DJ6063**

ayant eu sa première dose du vaccin Coronavac, lot C202102006 à la date du 27/03/2021 10:50:00

A reçu la seconde dose :

- A la date du **28/04/2021**
- Vaccin **Coronavac**
- Numéro de lot **C202102006**
- Site de vaccination **DMP**

Vous venez de vous vacciner, maintenez les gestes barrières : port du masque, lavage des mains, distanciation.



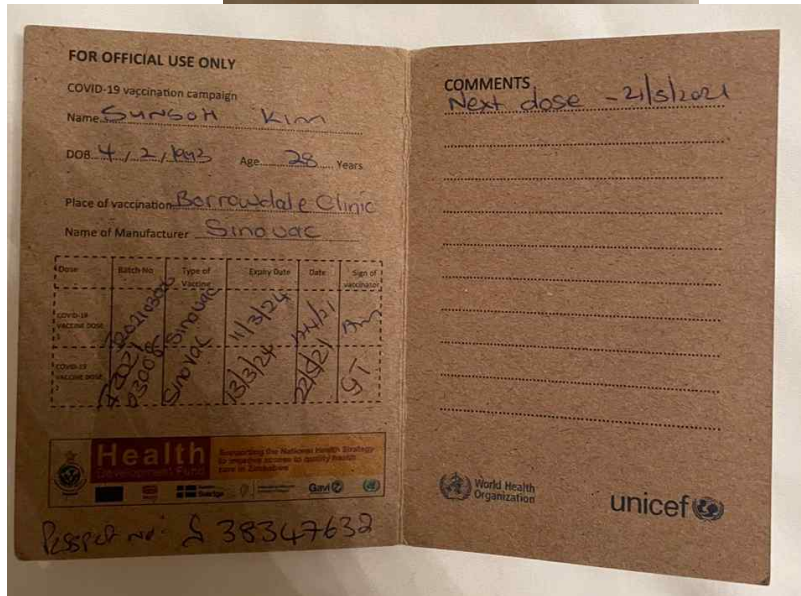
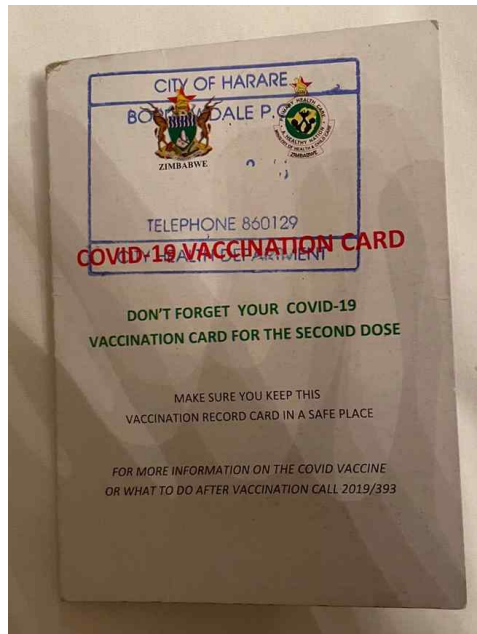
Cachet Du Médecin Prescripteur



142. 짐바브웨

- 종이증명서 -

짐바브웨 종이증명서(1) 전면 및 후면(2차 접종 완료)



143. 차드

REPUBLICQUE DU TCHAD
Unité - Travail - Progrès
CONSEIL MILITAIRE DE TRANSITION
PRESIDENCE DU CONSEIL
PRIMATURE
MINISTÈRE DE LA SANTÉ PUBLIQUE ET DE LA SOLIDARITÉ NATIONALE
SECRÉTARIAT D'ÉTAT
DIRECTION GÉNÉRALE DU MINISTÈRE
PROGRAMME ÉLARGI DE VACCINATION

FICHE
D'ENREGISTREMENT DE VACCINATION CONTRE LA COVID-19

Numéro d'identification unique : TCD - NAT. NAS. HBS 01 232

PAYS - DSP - DS - Centre de vaccination - Equipe - Numéro d'ordre

Noms : [REDACTED] Prénoms : [REDACTED] Age (ans) : [REDACTED]

Sexe (M / F) : [REDACTED] Profession : [REDACTED]

Quartier / Centre / Village : [REDACTED] Tél : [REDACTED]

Antécédents d'allergie : Oui ☐ Non ☒ Comorbidité existante : Oui ☒ Non ☐

Renseignements	Réponses	Signature et tampon du médecin	Représentant du PEV :
Date de la première dose (JJ/MM/AAAA)	<u>11.06.2021</u>	<i>Dr Ephrem G. Njimi</i> Médecin Généraliste N° 1579 / ONMT 1472 / ONMT	<i>[Signature]</i>
Nom du vaccin	<u>Sinopharm</u>		
Numéro du lot	<u>2021040594</u>		
Date de péremption (JJ/MM/AAAA)	<u>20.04.2023</u>		
Nom du centre de vaccination	<u>HBS</u>		
Date de la prochaine visite	<u>02/7/2021</u>	Médecin 1 : Médecin 2 : Représentant du PEV :	
Date de la deuxième dose (JJ/MM/AAAA)	<u>11/11/2021</u>		
Nom du vaccin			
Numéro du lot			
Date de péremption (JJ/MM/AAAA)			
Nom du centre de vaccination			

Remarques : Coordonnées PEV :

144. 체코

- 전자증명서 -

**EU Digital
COVID Certificate**

**Certifikát EU
COVID-19**





Place QR code here
Minimum size 50 x 60 mm



Surname(s) and forename(s)
Příjmení a jméno
První František

Date of birth
Datum narození
1990-01-01

Unique certificate identifier
Unikátní identifikátor certifikátu
su28rwka6kcbprct8g2ayg9cx9nguh



CZECH REPUBLIC

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.europe.eu/en>

Certificate of Recovery
Certifikát o prodělané nemoci

Disease or agent the citizen has recovered from
(Nemoc, ze které se občan zotavil)
SARS-CoV-2 (ICD 11 XN100, SNOMED CT 840533001)

Date of first positive test result
(Datum prvního pozitivního výsledku)
2021-05-02

Member State of test
(Český stát)
CZ

Certificate issuer
(Vydavatel certifikátu)
Ministry of Health of the Czech Republic / Ministerstvo zdravotnictví České republiky

Certificate valid from
(Certifikát platný od)
2021-05-16

Certificate valid until
(not more than 180 days after the date of first positive test result)
(Certifikát platný do (ne více než 180 dní po datu prvního pozitivního výsledku)
2021-10-29

145. 칠레

- 모바일 전자증명서&종이증명서 -

(모바일 화면 그대로 출력해서 사용 가능)

- 모바일 증명서 진행 화면 -

146. 카메룬

Informations Complémentaires
Complementary Information

REPUBLICUE DU CAMEROUN
Pays-Travail-Patrie

REPUBLIC OF CAMEROON
Peace - Work-Fatherland

ANTECEDENTS D'ALLERGIE AUX VACCINS
HISTORY OF ALLERGY TO VACCINES: Oui/Yes ☐ Non/No ☐

COMORBIDITE / COMORBIDITY

HTA / HBP ☐ DIABETE / DIABETES ☐ PATHOLOGIES CARDIAQUES / HEART DISEASES ☐

OBESITE / OBESITY ☐ IMMUNO DEFICIENCY / IMMUNE DEFICIENCY ☐ PATHOLOGIES RESPIRATOIRES / RESPIRATORY DISEASES ☐

AUTRES (préciser)
Ecrire si on donne individuellement les vaccins qui vous ont déjà été administrés. Veuillez conserver cette carte en bon état et la présenter à l'agent de santé chaque fois que vous venez faire vacciner ou que vous avez recours aux services de santé.
This is a personal record of the vaccinations you have already received. Please keep this card in a safe place and present it to the health worker each time you get a vaccination or use the health services.

REPUBLICUE DU CAMEROUN
Pays-Travail-Patrie

REPUBLIC OF CAMEROON
Peace - Work-Fatherland

Carte de vaccination Covid-19
Covid-19 vaccination Card

NUMERO IDENTIFICATION
IDENTIFICATION NUMBER: N° 137106

NOM ET PRENOM
NAME AND SURNAME: [REDACTED]

DATE DE NAISSANCE
DATE OF BIRTH: [REDACTED]

Sexe (M/F)
Sex (M/F): [REDACTED]

LIEU DE RESIDENCE
RESIDENCE AREA: [REDACTED]

PROFESSION
OCCUPATION: [REDACTED]

PREMIERE DOSE / FIRST DOSE	DEUXIEME DOSE / SECOND DOSE
DATE (JJ-MM-AAAA) DATE (DD-MM-YY): 06/05/2021	DATE (JJ-MM-AAAA) DATE (DD-MM-YY): / / 20
NOM DU VACCIN NAME OF VACCINE: ASTRA Zeneca	NOM DU VACCIN NAME OF VACCINE: / / 20
NUMERO DE LOT / BATCH NUMBER: 41212 026	NUMERO DE LOT / BATCH NUMBER: / / 20
DATE DE PERIODE D'EXPIRATION EXPIRY DATE: 23/08/2021	DATE DE PERIODE D'EXPIRATION EXPIRY DATE: / / 20
CENTRE DE VACCINATION VACCINATION CENTER: PADOSE	CENTRE DE VACCINATION VACCINATION CENTER: / / 20

CACHET ET SIGNATURE / STAMP AND SIGNATURE: [Stamp: Direction Régionale de Santé - Camerooun, Chef de District, 29/07/2021]

DATE PROCHAIN RENDEZ-VOUS / DATE OF NEXT APPOINTMENT: [Stamp: Direction Régionale de Santé - Camerooun, Chef de District, 29/07/2021]

147. 카보베르데

- 종이증명서 -

(앞면)

MINISTÉRIO DA SAÚDE E DA SEGURANÇA SOCIAL
GOVERNO DE CABO VERDE
Campanha de Vacinação contra a Covid-19

Cartão de Vacinação

Nome: [REDACTED] CNI: [REDACTED]

Morada: Palmarejo Grande Contacto: [REDACTED]

1ª Dose: [REDACTED] 2ª Dose: [REDACTED]

Posto de vacinação: C.S. ASA Posto de vacinação: [REDACTED]

Data: 18/08/2021 Data: 18/08/2021

Lote: 61212-009 Lote: [REDACTED]

Fabricante: STI Fabricante: [REDACTED]

Prazo de validade: 07/2021 Prazo de validade: / /

Nome do Vacinador: Luisa Varela Nome do Vacinador: [REDACTED]

unicef Organização Mundial da Saúde Cabo Verde

(뒷면)

MINISTÉRIO DA SAÚDE E DA SEGURANÇA SOCIAL
GOVERNO DE CABO VERDE
Campanha de Vacinação contra a Covid-19

Cartão de Vacinação

INFORMAÇÕES ÚTEIS

A vacina que vai tomar tem por objetivo proteger-lhe contra a COVID-19.

Verifique a data e a hora que deve ir ao posto de vacinação para receber a 2ª dose.

Use máscara facial sempre que estiver em presença de outras pessoas, principalmente quando for ao posto de vacinação.

Evite aglomerações de pessoas e aguarde a sua vez, caso encontre outras pessoas à espera.

Conservar este cartão como comprovativo de que foi vacinado.

Se sentir alguma indisposição ou precisar de qualquer informação após a vacinação, contate a linha verde 800 11 12 ou contate o centro de saúde ou hospital mais próximo da sua área de residência.

Visite o site www.covid19.cv para obter mais informações sobre a COVID-19 e a vacinação contra esta doença.

Mesmo após a vacinação continue a utilizar as medidas de prevenção contra a COVID-19.

148. 카자흐스탄

- 종이증명서 -

КВИ-ге қарсы вакцинация туралы анықтама нысаны
Форма справки о вакцинации против КВИҚазақстан Республикасы
Денсаулық сақтау министрлігінің
Санитариялық-эпидемиологиялық бақылау комитеті
Комитет санитарно-эпидемиологического контроля
Министерства здравоохранения Республики Казахстан
Committee of Sanitary and Epidemiological Control of the
Ministry of Healthcare of the Republic of Kazakhstan«Вакцинациядан өту туралы анықтама»
«Справка о прохождении вакцинации»
«Certificate of vaccination»QR коды /
QR-код /
QR code

Тегі, аты, әкесінің аты/ Фамилия, имя, отчество/ Patient full name	
ЖСН/ИНН/ІПН/ Құжат нөмірі/номер документа/document number	
Вакцинация өткізу орны/ Место проведения вакцинации/ Place of vaccination	
Емшара түрі/ Вид процедуры/ Type of procedure	Коронавирустық инфекцияға қарсы вакцинация / Вакцинация против коронавирусной инфекции / Vaccination against coronavirus infection
Препарат атауы/ Наименование препарата/ Name of the drug	
Вакцинацияны алған күні/ Дата получения вакцинации/ Date of receipt of vaccination	I кезең/этап/stage – «__» __ 20__ II кезең/этап/stage – «__» __ 20__
Доза/Доза/Dose	I кезең/этап/stage – II кезең/этап/stage –
Сериясы/Серия/Series	
Дәрігер/Врач/Doctor	

M.O/M.P/P.L

Берді/выдал/provided by: _____
Қолы/подпись/signature: _____ күні/дата/date «__» __ 20__

- 전자증명서 -

КАЗАКСТАН РЕСПУБЛИКАСЫ	РЕСПУБЛИКА КАЗАХСТАН	THE REPUBLIC OF KAZAKHSTAN
ВАКЦИНАЦИЯ ПАСПОРТЫ	ПАСПОРТ ВАКЦИНАЦИИ	VACCINATION PASSPORT
Т.А.Ж.	Ө.І.О.	Full name
Вакцинация өткізу орны	Место проведения вакцинации	Place of vaccination
Атауы	Наименование	Name
Препарат атауы	Наименование препарата	Drug name
Күні	Дата	Date
Доза	Доза	Dose
Серия	Серия	Series
Дәрігер	Врач	Doctor

149. 카타르

- 종이증명서(신) -

شهادة تطعيم ضد فيروس كورونا كوفيد-١٩
COVID-19 Vaccination Certificate

Name: _____ الإسم: _____
 QID/Passport: _____ رقم البطاقة الشخصية / جواز السفر: _____
 Date of Birth (Day / Month / Year): _____ تاريخ الميلاد (اليوم / الشهر / السنة): _____
 Nationality: _____ الجنسية: _____

المذكور أعلاه حصل على الجرعة الكاملة للقاح كوفيد-١٩ كما هو مشار إليه
 The above mentioned has received the full course of the following
 Covid-19 vaccine as indicated

Vaccine Name: COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose اسم اللقاح: _____
 First dose received on: 14/03/2021 أعطيت الجرعة الأولى بتاريخ: _____
 Second dose received on: 04/04/2021 أعطيت الجرعة الثانية بتاريخ: _____

Dr. Hamad Eid Al-Romaihi
 Manager of Health Protection and Communicable
 Diseases
 Public Health Department
 P.O. Box – 42, Doha – Qatar

الدكتور حمد عيد الرومحي
 مدير حماية الصحة ومكافحة الأمراض
 الانتقالية
 إدارة الصحة العامة
 ص.ب. ٤٢ - الدوحة، قطر



حماية الصحة ومكافحة الأمراض الانتقالية
 Health Protection & Communicable Diseases
 001

هذه الشهادة هي وثيقة رسمية موقعة رقميًا وصادرة عن وزارة الصحة العامة - الدوحة، قطر.
 This certificate is an official document that is digitally signed and issued by the Ministry of Public
 Health, Doha, Qatar.

- 종이증명서(구) -





شهادة تطعيم ضد فيروس كوفيد-19
COVID-19 Vaccination Certificate
 إلى من يهمه الأمر
 To whomsoever it may concern

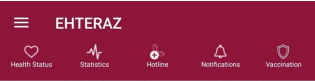
This is to certify that: تؤكد هذه الوثيقة أن:
 Order ID: رقم طلب:
 Name: الاسم:
 QID/Visa/Passport: رقم البطاقة الشخصية/التأجير/جواز السفر:
 Medical Record No.: رقم الملف الطبي:
 Date of Birth: تاريخ الميلاد:
 Nationality: الجنسية:

The above mentioned has received the two doses of the vaccine as follows: أعطي المذكور أصلاً جرعتين من لتاج:

First dose received on: **SARS-CoV-2 (Pfizer) - ١٤٤٢ ٦ ٢٤** أعطيت الجرعة الأولى بتاريخ:
 Second dose received on: **SARS-CoV-2 (Pfizer) - ٢٤ ٦ ٢٠٢١** أعطيت الجرعة الثانية بتاريخ:


 Dr. Hamad Eid Al-Romahi
 Dr. Consultant Community Medicine
 License # ٩٤٨٧٦٠ - ١٤٤٢

- 전자증명서 -





 06-06-2021 09:54:10

Health Card
 H.C. No. HC01621568
 Last Test Date 2020-05-24
 Result Negative Since 378 Days


 COVID-19
VACCINATED
 VACCINE

Vaccine name COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose
 First Dose 2021-03-08
 Second Dose 2021-03-30

150. 캄보디아

- 플라스틱 카드 -




ព្រះរាជាណាចក្រកម្ពុជា
KINGDOM OF CAMBODIA
ប័ណ្ណថវា ជំងឺកូវីដ-១៩
COVID-19 Vaccination Card

លេខស្រី : **120 - 958 - 7071**
 ឈ្មោះ : **ព្រះបាទ ហ៊ុន សែន**
 លេខស្រី : **089 ៩៥៨ ៧០៧**

ព្រះបាទ ហ៊ុន សែន ព្រះមហាក្សត្រ
ព្រះបាទ ហ៊ុន សែន
ព្រះបាទ ហ៊ុន សែន

ឈ្មោះ	កូដ	កាលបរិច្ឆេទ
ព្រះបាទ ហ៊ុន សែន	TYJA..NMCHC	07.04.21
លេខស្រី	NMCHC	7.6.21

- 전자증명서 (QR코드 스캔 후 홈페이지에서 번호 입력 후 확인) -



លេខស្រី : **120-958-7071**
 លេខស្រី : **0899587071**

បញ្ជូន



ឈ្មោះ : **ព្រះបាទ ហ៊ុន សែន**
 ឈ្មោះ : **ព្រះបាទ ហ៊ុន សែន**
 លេខស្រី : **0899587071**
 លេខស្រី : **0899587071**
 ឈ្មោះ : **AstraZeneca**
 ថ្ងៃចាក់ដំបូង : **07-04-2021**
 ថ្ងៃចាក់ដំបូង : **07-04-2021**
 ថ្ងៃចាក់ដំបូង : **07-06-2021**
 ថ្ងៃចាក់ដំបូង : **07-06-2021**

- 시엠립 주립병원 발급 예방접종증명서(종이, 주캄보디아대사관시엠립분관 제공) -



**KINGDOM OF CAMBODIA
NATION RELIGION KING**

Siem Reap Provincial Health Department
Siem Reap Provincial Referral Hospital
No.: SRPRH

CERTIFICATE OF COVID-19 VACCINATION RECORD

The Siem Reap Referral Hospital certifies that:

Mr/Ms/Miss: Sex:
Date of birth: Nationality:
Passport No.:

Has been successfully vaccinated against Covid-19 as below:

Vaccine	Date Given	Place

This certificate is issued upon for whatever legal purpose it may serve.

Certified by
Siem Reap, August 13th, 2021
Director of Siem Reap Provincial Hospital



151. 캐나다

152. 케냐

- 종이증명서 -

Chanjo KE

Covid-19 Vaccination Certificate



This is to certify that 이 름, born on **Tue May 16** 생년월일 from **Korea (the Republic of)** with **Passport:** 여권번호 has been vaccinated against **Covid 19** on the date indicated in accordance with the National Health Regulations.

Vaccine	Dose	Date Administered	Batch No
Covishield	1	Sat Apr 17 2021	4120Z030
Covishield	2	Next Dose on Sat Jul 10 2021	Pending

Scan To Verify



- 전자증명서 -

07:41 39%

39%

07:41 39%

39%

Verify vaccination certificate

Home > Verify vaccination certificate

Covid-19 Vaccination Certificate



This is to certify that 이 름, born on **Mon Feb 22** 생년월일, from **Korea (the Republic of)** with **Passport:**

D 여권번호, has been vaccinated

Passport:

D 여권번호, has been vaccinated against **Covid 19** on the date indicated in accordance with the National Health Regulations.

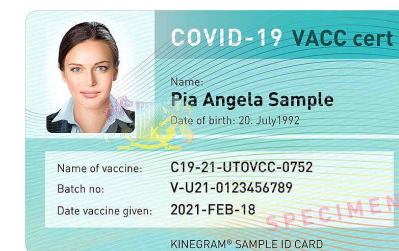
Vaccine	Dose	Date Administered
Covishield	1	Wed Mar 17 2021
Covishield	2	Next Dose on Wed Jul 14 2021

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For support contact: chanjo@health.go.ke

153. 코모로

154. 코스타리카



Ministerio
de Salud
Costa Rica



Certificación de vacunación de COVID-19

Por este medio el Ministerio de Salud certifica que la persona [REDACTED] portador del documento Cédula número [REDACTED] cuenta con el esquema completo de vacunación contra el virus de SARS-CoV2 que produce la enfermedad de COVID-19.

Datos de la vacuna colocada al solicitante:

Fecha primer dosis: [REDACTED] 2021

Fecha segunda dosis: [REDACTED] 2021

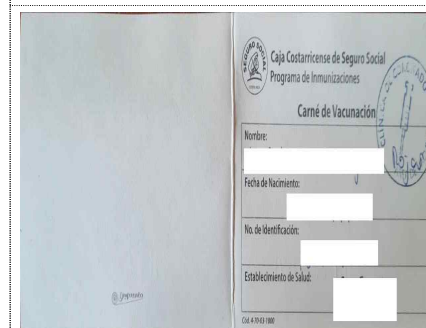
Nombre de la Vacuna: Pfizer

Dado en San José Costa Rica en el día [REDACTED] 2021 a solicitud del interesado.

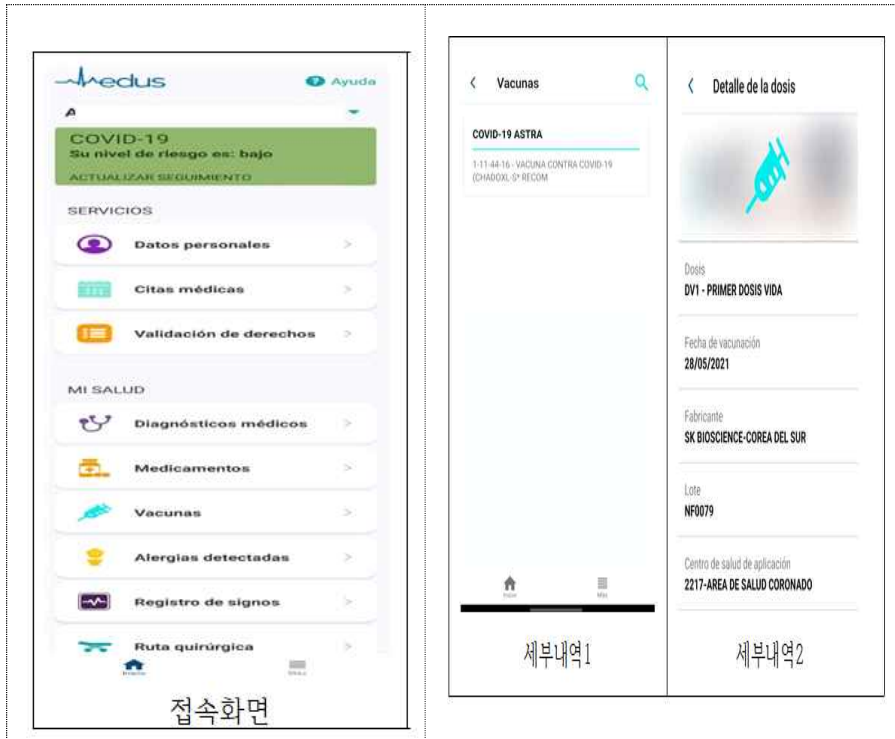
Firmado por: _____

Se requiere para apostillar en Ministerio de Relaciones Exteriores y Culto: SI

Correo para notificaciones: [REDACTED]



Tipo de vacuna	Fecha de aplicación			Refuerzo
	I	II	III	
Td (Toxide Difterico - Tetánico)				
Hepatitis B				
Influenza Estacional				
Neumococo 23 Valente				
Vacuna Covid-19	Apostillado 5-21 20 agosto 21 Hora: 11:40 AM			
Otras (especifique ¿cuál?)	Hes 1			



155. 코트디부아르

- 종이증명서 -



156. 콜롬비아



MiVacuna
Covid-19

www.minsalud.gov.co

La salud es de todos

Minsalud

MiVacuna

Certificado de vacunación

Nombre:

Apellidos:

Documento de identidad: C.C. T.I. Pasaporte PEP Otro Mail:

No.

Fecha de nacimiento: Día Mes Año

Biológico	Dosis	Fecha	Establecimiento	Lote	IPS vacunadora	Nombre vacunador	Estado del vacunador
COVID-19	1						
	2						

157. 콩고공화국

- 종이증명서



(콩고민주공화국)
République Démocratique du Congo
Ministère de la Santé Publique

PEV 

RD CONGO

(COVID-19 예방접종증명서)
Carte de vaccination contre la COVID-19

Il s'agit d'un dossier individuel qui présente l'historique des vaccins qui vous ont été administrés. Veuillez conserver cette carte en lieu sûr et la présenter à l'agent de santé chaque fois que vous vous faites vacciner ou que vous avez recours aux services de santé.

Pays : **RD C (발행국가)** Numéro d'identification personnel (à partir du registre de vaccination) : **0059 (접종일련번호)**

Prénoms : **이름** **이름** Date de naissance (JJ-MM-AAAA) : **2001-06-10** Sexe : **Male (성별)**

Adresse complète : **주소** **주소** (주소) **생년월일** (생년월일) **전화번호** (전화번호)

Antécédents d'allergie (Oui/Non) : ☐ Oui ☒ Non ☐ Comorbidités (Oui/Non) : ☐ Oui ☒ Non ☐

Éléments	Réponses	Signature et cachet	Date de la prochaine visite (JJ/MM/AAAA)
(1차 접종일) 1 ^{ère} dose (JJ/MM/AAAA)	2021-04-20	(1차 접종) 	2021-06-10
(아스트라제네카 접종일) 2 ^{ème} dose (JJ/MM/AAAA)	2021-06-10	(서명) 이름	
(접종기관) 1 ^{ère} dose de vaccination (JJ/MM/AAAA)	Centre Médical Diamant	(2차 접종) 	
(아스트라제네카 접종일) 2 ^{ème} dose de vaccination (JJ/MM/AAAA)	Centre Médical Diamant	(서명) 이름	
(접종기관) 2 ^{ème} dose de vaccination (JJ/MM/AAAA)	Centre Médical Diamant		
Date d'une autre dose (JJ/MM/AAAA)			
Nom du vaccin			
Numéro du lot			
Date de péremption (JJ/MM/AAAA)			
Nom du centre de vaccination			

Observations :

- 전자증명서 - (QR코드)

20/06/2021

Carnet vaccin



Carnet de vaccination COVID-19/ COVID-19 Vaccination card

Han Joonki			
RAMQ:	JOOH61010702	Dossier #:	B75666
Sexe / Sex:	M	DDN / DOB:	1961-07-01
Client:	Patient privé	Passeport / Passport	D403976538

Nom du vaccin/vaccine name	Date	No. de lot/Batch number
Vaccin AstraZeneca contre la COVID-19 - dose 1	2021-04-22	4120z029
Vaccin AstraZeneca contre la COVID-19 - dose 2	2021-06-18	BNO4120Z028



Handwritten signature

158. 쿠바

159. 쿠웨이트

- 전자증명서 -

「IMMUNE」앱상의 백신접종 상세내역

11:02

Immune

VACCINATED

Civil ID: 07756444153 Passport No: 12012054 Nationality: South Korean

Download

Vaccine Details

1st Dose 15-04-2021
Pfizer-BioNTech BatchNo: EW4758
Location: Mishref Vaccination Center Hall 5

2nd Dose 06-05-2021
Pfizer-BioNTech BatchNo: EY4825
Location: Mishref Vaccination Center Hall 5

وزارة الصحة

This report was created electronically through the Ministry of Health's System , State of Kuwait.

「IMMUNE」앱 및 보건부 웹사이트상 전자증명서 (종이형식의 증명서 다운로드 가능)

11:02

Details

State of Kuwait Ministry of Health دولة الكويت وزارة الصحة

SARS-CoV-2 Vaccination Certificate

Kuwait Ministry of Health certifies that the below named individual has been vaccinated against SARS-CoV-2 as detailed below:

Name: من: الاسم: **ANEEH MUTTAKAL MADHAN**

Civil ID: الرقم المدنية: **07756444153**

Passport No: رقم الجواز: **12012054**

Nationality: الجنسية: **South Korean**

Date of Birth: تاريخ الميلاد: **06/11/1981**

Vaccine Manufacturer: الشركة المنتجة: **Pfizer-BioNTech**

Date of 1st Dose: تاريخ التطعيم الجرعة الأولى: **15/04/2021**

Batch No: رقم الدفعة: **EW4758**

Location: المكان: **Mishref Vaccination Center Hall 5**

Date of 2nd Dose: تاريخ التطعيم الجرعة الثانية: **06/05/2021**

Batch No: رقم الدفعة: **EY4825**

Location: المكان: **Mishref Vaccination Center Hall 5**

Health Professionals: اسم الطبيب: **ANEEH MUTTAKAL MADHAN**

Center/Location: اسم المركز/الموقع: **Kuwait Vaccination Center**

Date of issue: تاريخ التوقيع: **06/05/2021**

في التاريخ هذا القدر: هذا التقرير إلكتروني من خلال نظام وزارة الصحة حيث أن اسم الطبيب، على النموذج مطبوع حسب القوانين في دولة الكويت، أو مطبوع إلكترونيًا. أي تعديل أو تغيير في النموذج مطبوع عليه حسب القوانين في دولة الكويت.

This report was created electronically through the Ministry of Health's system, and the name of the doctor on the form is approved by the Ministry of Health and does not require a stamp or signature. Any unauthorized manipulation of the form will be subject to legal action as per the laws of the State of Kuwait.



الخميس 2021/5/6



وزارة الصحة
الإعلام الصحي

شهادة استكمال تطعيم كوفيد-19 ، ومستند تلقي جرعة واحدة من اللقاح على تطبيق مناعة Immune

State of Kuwait Ministry of Health دولة الكويت وزارة الصحة

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Vaccine Manufacturer: الشركة المنتجة: **Pfizer-BioNTech**

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Batch No: رقم الدفعة: **EW4758**

Location: المكان: **Mishref Vaccination Center Hall 5**

Date of 2nd Dose: تاريخ التطعيم الجرعة الثانية: **06/05/2021**

Batch No: رقم الدفعة: **EY4825**

Location: المكان: **Mishref Vaccination Center Hall 5**

Health Professionals: اسم الطبيب: **ANEEH MUTTAKAL MADHAN**

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State of Kuwait Ministry of Health دولة الكويت وزارة الصحة

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Nationality: الجنسية: **South Korean**

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Vaccine Manufacturer: الشركة المنتجة: **Pfizer-BioNTech**

Date of 1st Dose: تاريخ التطعيم الجرعة الأولى: **15/04/2021**

Batch No: رقم الدفعة: **EW4758**

Location: المكان: **Mishref Vaccination Center Hall 5**

Date of 2nd Dose: تاريخ التطعيم الجرعة الثانية: **06/05/2021**

Batch No: رقم الدفعة: **EY4825**

Location: المكان: **Mishref Vaccination Center Hall 5**

Health Professionals: اسم الطبيب: **ANEEH MUTTAKAL MADHAN**

Center/Location: اسم المركز/الموقع: **Kuwait Vaccination Center**

Date of issue: تاريخ التوقيع: **06/05/2021**

160. 쿡제도

161. 키르기스스탄

- 종이증명서 -

COVID-19 КАРШЫ ЭМДӨӨСҮ / СЕРТИФИКАТ О ВАКЦИНАЦИИ ПРОТИВ
COVID-19 / COVID-19 VACCINE CERTIFICATE

Фотографиясы / Фотография / Foto

ФОТО

Фамилиясы / Фамилия / Surname:	Убраймова / Ubraimov
Аты / Имя / Name:	Жаңибек / Zhanibek
Жеке номер / Персональный номер / Personal number:	22601198700000
Документтин № / № документа / Document #:	ID#####
Колдонуу мөөнөтү / Срок действия / Date of expiry:	01.01.2029
Паспорттун № / Паспорт № / Passport №:	AC#####
Жарактуу мөөнөтү бүткөн датасы / Дата окончания срока действия / Expiry date:	01.01.2029
Вакцинанын аты / Наименование вакцины / Vaccine name:	Sputnik V

162. 키리바시

163. 크로아티아

-종이증명서 -

EU Digital COVID Certificate

EU digitalna COVID potvrda



Surname(s) and forename(s)
Prezime (prezimenja) i ime (imena)
XXXXXX
Date of birth
Datum rođenja
XXXXXX
Unique certificate identifier
Jedinstveni identifikator potvrde
XXXXXXXXXXXXXXXXXX

[표지 (앞)]

[표지 (뒤)]

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
Noviitet, 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 cijepljenja
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
izdavaatelj potvrde



Republika Hrvatska



Ministarstvo
zdravstva



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://ec.europa.eu/covid19>

Ova potvrda nije putni list. Znanstveni dokazi o cijepljenju protiv bolesti COVID-19, testiranju i
oporavku nastave se u skladu s novim varijantama i novim varijantama virusa.
Prije putovanja, provjerite važeća javnozdravstvena mjera i povezana ograničenja koja se
primjenjuju u zemlji odredišta.

Relevantne informacije možete pronaći ovdje: <https://ec.europa.eu/covid19>



[1면]

[2면]

164. тажикистан

- 앞 면 -

Санаи гузаронидани вакцина 2-юм ваксина		Роҳбари муассосаи тиббӣ
Дата проведения 2-й дозы вакцины	DD / MM / YY	Руководитель медицинского учреждения
2nd Dose of Vaccine Administration Date		Head of Health Facility
Номи ваксина гузаронидаванда		
Название введённой вакцины		(only name in latin & Cyrillic full name and signature)
Name of Administered Vaccine		
Истеҳсолкунанда		Ваксинатор:
Производитель		Ваксинатор:
Manufacturer		Vaccinator:
Сигнала		
Серийный номер		
Batch Number		(only name in latin & Cyrillic full name and signature)
Муддати истифодабарӣ		Ч.М. М.П. STAMP HERE
Срок годности		
Expiry Date		
Номи муассосаи тиббӣ, ки иммунизатсияро гузаронидаст бо рақами телефон		
Название медицинского учреждения, где проводилась иммунизация с номерами телефона		
Name of Health Facility Performing Vaccination with Telephone Numbers		
	Тел./Tel.	


 ВАЗОРАТИ ТАНДУРУСТӢ ВА ҲИҶОИ ИҶТИМОИИ
 АҶОЛИИ ҶУМҲУРИИ Тоҷикистон
 МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ И СОЦИАЛЬНОЙ
 ЗАЩИТЫ НАСЕЛЕНИЯ РЕСПУБЛИКИ ТАДЖИКИСТАН
 MINISTRY OF HEALTH AND SOCIAL
 PROTECTION OF THE POPULATION OF THE REPUBLIC OF TAJIKISTAN

ГУВОҲНОМА
 ДАР БОРАИ ГУЗАРONIДАНИ
 ИММУНИЗАТСИЯ БАҶ ЗИДДИ
 СИРӢЯТИ COVID-19

СВИДЕТЕЛЬСТВО
 О ПРОВЕДЕНИИ ИММУНИЗАЦИИ
 ПРОТИВ ИНФЕКЦИИ
 COVID-19

CERTIFICATE
 ON VACCINATION
 AGAINST COVID-19
 INFECTION

- 뒷 면 -

Ин ҳуҷҷат қайди инфиродӣ мебошад, ки таърихи иммунизатсияи Шуморо нишон медиҳад. Хоҳиш мекунем, ки гувоҳнома ро дар ҷои бехатар нигоҳ доред ва ҳангоми гузаронидани иммунизатсия/хизматрасонии тиббӣ ба табии худ нишон диҳед.

Настоящий документ представляет собой индивидуальную карту, показывающую ваш иммунизационный статус. Просим хранить данное свидетельство в безопасном месте и представить его своему врачу при проведении иммунизации/оказания медицинской услуги.

This is the individual record demonstrating your immunization status. Please keep this certificate in a safe place and present it to your physician in the course of vaccination/health services.

Рақами мушаххаси иммунизатсияшаванда:
Идентификационный номер вакцинируемого:
Vaccinee's Identification Number:

TJK-2021 - 001 - 640

Ному насаби иммунизатсияшаванда:
Ф.И.О. вакцинируемого:
Vaccinee's Full Name:

Рӯз, моҳ ва соли таваллуд:
Дата рождения (ДД/ММ/ГГГГ):
Date of Birth (DD/MM/YYYY):

Ҷинс (М ё З):
Пол (М или Ж):
Gender (M or F):

Гувоҳнома аз тарафи муассосаи тиббӣ бе пул дода мешавад.

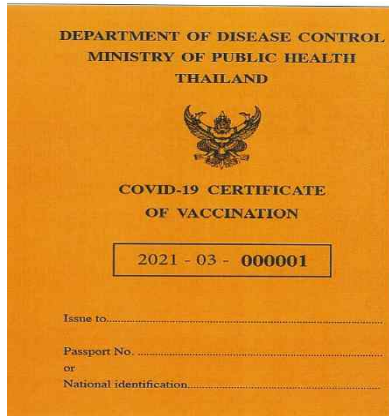
Данное свидетельство выдаётся бесплатно медицинским учреждением.

This certificate is given free of charge by the health facility.

Санаи гузаронидани вакцина 1-юм ваксина		Роҳбари муассосаи тиббӣ
Дата проведения 1-й дозы вакцины	DD / MM / YY	Руководитель медицинского учреждения
1st Dose of Vaccine Administration Date		Head of Health Facility
Номи ваксина гузаронидаванда		
Название введённой вакцины		(only name in latin & Cyrillic full name and signature)
Name of Administered Vaccine		
Истеҳсолкунанда		Ваксинатор:
Производитель		Ваксинатор:
Manufacturer		Vaccinator:
Сигнала		
Серийный номер		
Batch Number		(only name in latin & Cyrillic full name and signature)
Муддати истифодабарӣ		Ч.М. М.П. STAMP HERE
Срок годности		
Expiry Date		
Номи муассосаи тиббӣ, ки иммунизатсияро гузаронидаст бо рақами телефон		
Название медицинского учреждения, где проводилась иммунизация с номерами телефона		
Name of Health Facility Performing Vaccination with Telephone Numbers		
	Тел./Tel.	

165. 탄자니아

166. 태국



เอกสารรับรองการสร้างเสริมภูมิคุ้มกันโรค กรณีวัคซีนป้องกันโรคติดเชื้อไวรัสโคโรนา 2019 หรือโรคโควิด 19 เพื่อใช้สำหรับการเดินทางระหว่างประเทศ
Immunization certificate for international travel: Coronavirus disease 2019 (COVID-19) Vaccine

(ภาษาไทย)

เอกสารรับรองการสร้างเสริมภูมิคุ้มกันโรค กรณีวัคซีนป้องกันโรคติดเชื้อไวรัสโคโรนา 2019 หรือโรคโควิด 19 เพื่อใช้สำหรับการเดินทางระหว่างประเทศ

(ภาษาอังกฤษ)

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

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

167. 터키

- 1차 접종증명서 -

REPUBLIC OF TURKEY MINISTRY OF HEALTH
COVID-19 VACCINATION CARD

PATIENT INFORMATION

Name-Lastname: _____
Personal ID: _____
Gender: Male
Date of Birth: 6.18.1983

Vaccine	Manufacturer	Brand	Dose	Institution	Vaccination Date
COVID-19 mRNA	Biontech Manufacturing GmbH	BNT 162 b2 Covid 19 Aşısı	1	T.C. SAĞLIK BAKANLIĞI ANKARA ŞEHİR HASTANESİ	4/3/2021 3:12:00 PM
COVID-19 mRNA	Biontech Manufacturing GmbH	BNT 162 b2 Covid 19 Aşısı	2	-	Not Done

The document has been taken from e-Nabız application of Turkish Ministry of Health. You can verify the document by scanning QR code.
Document Date: 4.13.2021

- 2차 접종 완료 증명서 -

REPUBLIC OF TURKEY MINISTRY OF HEALTH
COVID-19 VACCINATION CARD

PATIENT INFORMATION

Name-Lastname: SAHİN AYDIN
Personal ID: 31412386604
Gender: Male
Date of Birth: 12.14.1977

Vaccine	Manufacturer	Brand	Dose	Institution	Vaccination Date
COVID-19 İnaktif	Sinovac Biotech Co. Ltd.	CoronaVac	1	T.C. SAĞLIK BAKANLIĞI ANKARA ŞEHİR HASTANESİ	1/14/2021 10:17:00 PM
COVID-19 İnaktif	Sinovac Biotech Co. Ltd.	CoronaVac	2	T.C. SAĞLIK BAKANLIĞI ANKARA ŞEHİR HASTANESİ	2/11/2021 9:03:00 PM

The document has been taken from e-Nabız application of Turkish Ministry of Health. You can verify the document by scanning QR code.
Document Date: 3.25.2021

- 전자 접종증명서 -

TÜRKİYE CUMHURİYETİ AŞI KİMLİĞİ
REPUBLIC OF TURKEY VACCINATION ID

T.C. Kimlik No / Identity No
43. _____

Passport No / Passport No
TR12345

İş alanı bu kimlik için doldurulmalıdır.
This area was filled in by the person to whom it was issued.

Soyadı / Surname
K. _____

Adı / Given Name(s)
MEHMET _____

Doğum Tarihi / Date of Birth
28.09.1987

COVID-19 AŞISI OLMUŞTUR
COVID-19 VACCINATED

Aşı / Vaccine:
Sinovac
Dosis Sayısı / Number of Doses 1
15.01.2021
Sinovac
Dosis Sayısı / Number of Doses 2
12.02.2021
Biontech
Dosis Sayısı / Number of Doses 3
05.07.2021

Unique certificate identifier

168. 토고

- 종이증명서 -

MINISTRE DE LA SANTE, DE L'HYGIENE PUBLIQUE ET DE L'ACCES UNIVERSEL AUX SOINS		REPUBLIQUE TOGOLAISE Travail - Liberté - Patrie	
CAMPAGNE NATIONALE DE VACCINATION CONTRE LA COVID-19			
CARTE DE VACCINATION			
Région <u>G-L</u>	District <u>GOLFE</u>	Commune <u>GOLFE</u>	
FS <u>AB-SIBOU</u>	Village/Quartier <u>AVEF-SI</u>		
Nom et Prénoms <u>GA</u>		Sexe : M ☐ F ☒	
Age <u>62</u> /ans			
Première dose		Deuxième dose	
Date de la vaccination <u>30.03./2021</u>	Date de la vaccination <u>04./06./2021</u>		
Vaccin contre COVID-19 <u>COVIDSHIED</u>	Vaccin contre COVID-19 <u>ASTRAZENECA</u>		
Nom du vaccin <u>COVIDSHIED</u>	Nom du vaccin <u>ASTRAZENECA</u>		
Nom du fabricant <u>SI</u>	Nom du fabricant <u>SI</u>		
N°Lot <u>41203004</u>	N°Lot <u>41203029</u>		
Date de péremption <u>13.04.2021</u>	Date de péremption <u>27.06.2021</u>		
Qualificat. du vaccinateur : Médecin ☐	Qualificat. du vaccinateur : Médecin ☒		
AM ☐ IDE ☐ IAE ☐ AHE ☐ SF ☐ Autres ☒	AM ☐ IDE ☐ IAE ☐ AHE ☐ SF ☐ Autres ☒		
Cachet/Signature	Cachet/Signature		
CMS DJIDJOLE SERVICE DE VACCINATION		CMS DJIDJOLE SERVICE DE VACCINATION	
TG-2021-03-30-076577			

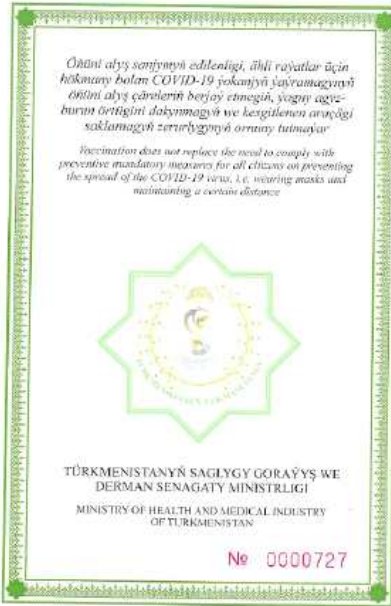
169. 통가

- 종이증명서 -

MINISTRE DE LA SANTE, DE L'HYGIENE PUBLIQUE ET DE L'ACCES UNIVERSEL AUX SOINS		REPUBLIQUE TOGOLAISE Travail - Liberté - Patrie	
CAMPAGNE NATIONALE DE VACCINATION CONTRE LA COVID-19			
CARTE DE VACCINATION			
Région <u>G-L</u>	District <u>GOLFE</u>	Commune <u>GOLFE</u>	
FS <u>AB-SIBOU</u>	Village/Quartier <u>AVEF-SI</u>		
Nom et Prénoms <u>GA</u>		Sexe : M ☐ F ☒	
Age <u>62</u> /ans			
Première dose		Deuxième dose	
Date de la vaccination <u>30.03./2021</u>	Date de la vaccination <u>04./06./2021</u>		
Vaccin contre COVID-19 <u>COVIDSHIED</u>	Vaccin contre COVID-19 <u>ASTRAZENECA</u>		
Nom du vaccin <u>COVIDSHIED</u>	Nom du vaccin <u>ASTRAZENECA</u>		
Nom du fabricant <u>SI</u>	Nom du fabricant <u>SI</u>		
N°Lot <u>41203004</u>	N°Lot <u>41203029</u>		
Date de péremption <u>13.04.2021</u>	Date de péremption <u>27.06.2021</u>		
Qualificat. du vaccinateur : Médecin ☐	Qualificat. du vaccinateur : Médecin ☒		
AM ☐ IDE ☐ IAE ☐ AHE ☐ SF ☐ Autres ☒	AM ☐ IDE ☐ IAE ☐ AHE ☐ SF ☐ Autres ☒		
Cachet/Signature	Cachet/Signature		
CMS DJIDJOLE SERVICE DE VACCINATION		CMS DJIDJOLE SERVICE DE VACCINATION	
TG-2021-03-30-076577			

170. Түрккменистан

- 종이증명서 -



Şu sertifikat kepillendiyär, ýagny/
The person certifies that

(Aly: Family name, Atanyň ady / Name: Last Name)

.....

Doglan senesi/ Date of birth (GG/AA/YY: DD.MM.YYYY)

.....

Jynsy (degislini saýlamaly) E / A
Gender (please underline) Male / Female

Raýatlygy REPUBLIC OF KOREA
Citizenship

Milli identifikasiýa ediji resminama (pasport), görkezme
National identification document (passport) number

.....

Öý salgysy Ashgabat city
Home address

..... Azady street, 17

COVID-19 şokanjyna garşy önümi alyş sanjymy uldy
was vaccinated against COVID-19

Sertifikatyň berlen senesi (GG/AA/YY) 02.06.2021
Date of issue of the Certificate (dd/mm/yyyy)

Sanjymyň stadi Vaccination stage	Sanjymyň senesi (GG/AA/YY) Date of vaccination	Waksanjymyň ady, sertifikatyň belgisi, waksanjymyň (ýaramlylyk möhletini öňdärligi) Name of the vaccine, serial number, expiration date of the vaccine, manufacture	Dosasy we gryžkerligi yeni Dose and injection site	Indiki sanjym adiljek senesi (GG/AA/YY) Date of next vaccination
1-nji sanjym 1st vaccination	21.04.2021	Gam-COVID- Vac E-360321 30.09.2021 Russia	0,5 ml im	12.05 2021
2-nji sanjym 2nd vaccination	12.05.2021	Gam-COVID- Vac E-190223 31.08.2021 Russia	0,5 ml im	XXX

Jogapkär hünäremeni Gadamova Shasolhan
Responsible (signature)
F.A. goly / Full name (signature)

Mühür
Place of stamp

Sertifikat ýolbaşçysy
Head of certification

Mustafayeva Aknabat
F.A. goly / Full name (signature)

171. 투발루

- 종이증명서 -

(앞면)



MINISTRY OF HEALTH & SOCIAL WELFARE & GENDER AFFAIRS
PRINCESS MARGARET HOSPITAL
PUBLIC HEALTH SERVICES DIVISION
PO Box 41, Fakallou District, Funafuti, TUVALU. Office Phone Contact: +688 20480 ext 216, 219 (HoD)

COVID-19 Immunization Record Card

"PLEASE KEEP THIS RECORD CARD IN YOUR PURSE,
WALLET OR A SAFE PLACE. THIS IS A PERMANENT RECORD."

(뒷면)

First Name:

Last Name:

Date of birth:

	Dose 1	Dose 2
Date given:	<u>dd</u> / <u>mm</u> / <u>yy</u>	<u>dd</u> / <u>mm</u> / <u>yy</u>
Name of vaccine:		
Batch number:		
Health Provider Clinic or Stamp:		

172. 튀니지

- 종이증명서 - 접종기관에서 별도 종이증명서를 발급하지 않지만, 예방접종 포털 (evax.tn)에서 우측 전자증명서와 동일한 증명서 출력 가능

2021. 6. 7.

Espace citoyen



RÉPUBLIQUE TUNISIENNE
MINISTÈRE DE LA SANTÉ

Certificat de vaccination anti
COVID



Informations personnelles

Numéro d'inscription EVAX : -

Nom et Prénom :

Carte d'identité nationale : f

Type d'identifiant: Citoyen étranger

Date de naissance :

Centre de vaccination 1ère dose : Salle de sport Behi Ladghem Borj Louzir - La Soukra

Centre de vaccination 2ème dose : Salle de sport Behi Ladghem Borj Louzir - La Soukra

Informations relatives au vaccin

Référence du certificat de vaccination :ZiuChCvSCfaJR4SY5DvhAyZjweHLXotRNbXxjeAFqeD

Nom du vaccin : Pfizer-biontech

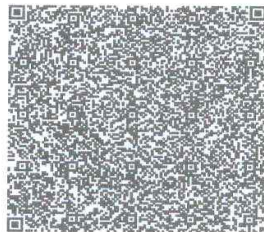
Date de la vaccination dose 1 : 7 mai 2021

N° lot dose 1 : EY4825

Date de la vaccination dose 2 : 4 juin 2021

N° lot dose 2 : FC8889

QR Code



<https://citoyen.evax.tn/vac/>

173. 트리니다드토바고

- 종이증명서 -

SCHEDULE OF IMMUNIZATION		
AGE	DOSE	VACCINE
Pediatric Immunizations		
Birth	Birth Dose	Heptavalent B
2 Mths	1st	DPTaPw B10, Pneumococcal, IPV
4 Mths	2nd	DPTaPw B10, Pneumococcal, IPV
6 Mths	3rd	DPTaPw B10, Pneumococcal, IPV
12 Mths	1st	Measles Mumps Rubella, Varicella
18 Mths	1st Booster	DPT, IPV, Pneumococcal
2 Years	2nd Booster	Measles Mumps Rubella
4-6 Years	2nd Booster	DPT, IPV
9-12 Years	Booster	Tetanus Diphtheria (Adult)
11-15 Years	1st	Human Papilloma Virus
	2nd	Human Papilloma Virus
Adult Immunizations		
9 Years +	Every 10 years	Tetanus Diphtheria
6 Mths +	Seasonal	Influenza
15-59 Yrs (M)	1st	Human Papilloma Virus
15-49 Yrs (F)	2nd	Human Papilloma Virus
	3rd	Human Papilloma Virus
2 Years +	As Indicated	Pneumococcal
2 Years +	As Indicated	Meningococcal
2 Years +	As Indicated	Varicella

KEEP THIS CARD

The Immunization Card is a lifetime record of your child's immunizations. Please keep it safe and bring it to all future appointments. It is only valid if it is kept in this format.

IMMUNIZATION RECORD

First Name: _____ Middle Name: _____ Surname: _____

Address: _____

Date of Birth: _____ Sex: _____

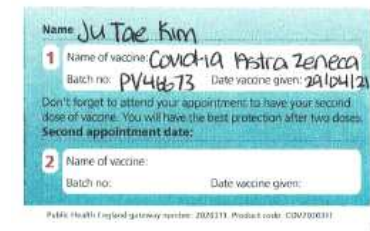
Name of Parent/Guardian: _____

Registered at: _____

Registration Number: _____

THIS CARD IS YOURS FOR LIFE. KEEP IT SAFE!

- 접종 후 영국 국가보건청에서 발급하는 증명서 -



174. 파나마

- 종이증명서 -

REPÚBLICA DE PANAMÁ
MINISTERIO DE SALUD
CAJA DE SEGURO SOCIAL

PROGRAMA AMPLIADO DE INMUNIZACIONES

PAI

TARJETA DE VACUNACIÓN DE ADULTO (A)

VACUNARSE A TIEMPO AYUDA A
PREVENIR ENFERMEDADES

ACUDE A TU CENTRO DE SALUD O
POLICLÍNICA MÁS CERCANO

REPÚBLICA DE PANAMÁ
MINISTERIO DE SALUD / CAJA DE SEGURO SOCIAL
PROGRAMA AMPLIADO DE INMUNIZACIONES

TARJETA DE REGISTRO DE VACUNACIÓN DEL ADULTO (A)

APELLIDO: PATERNO MATERNO NOMBRE

F.NAC: 06-12-75

DIA MES AÑO SEXO ☒ F ☐ M

NO. CÉDULA: 8-499-123456789 Nº SS

DIRECCIÓN: Calle 123 No. 456 Teléfono: 507-1234567

NO. DE CASA: TELÉFONO:

M.R.	TDAP
1ra.	1ra.
Ref.	ANTI F. AMARILLA
INFLUENZA	1ra.
1ra.	HEPATITIS A
2da.	1ra.
3ra.	ANTIRRABICA HUMANA
HEPATITIS B	1ª 4ª 7ª
1ra.	2ª 5ª 8ª
2da.	3ª 6ª 9ª
Ref.	NEUMOCOCCO CONJUGADO
TD ADULTO	1ra.
1ra.	NEUMOCOCCO POLISACARIDO
2da.	1ra.
Ref.	12da
VARICELA	CORONAVIRUS
1ra.	1ra. 16-6-2021
Ref.	Ref. 31/1/2022
OTRAS	Lote: NFO079

- 전자증명서 -

Vacunación



Datos personales

Nombre: [REDACTED]
Apellido: [REDACTED]
Cédula: 8-499- [REDACTED]
Teléfono: +507 64 [REDACTED]

175. 파라과이

IMPORTANTE

Recordar los criterios de riesgo:

Trabajadores de la salud, Adultos de 60 años y mas, Respiratorio (asmáticos, EPOC), Cardiopatas, Renales, Inmunodeficiencia (VIH, Cáncer, Enf. Reumatológicas, Inmunodeficiencia congénita), Obesidad, Población Indígena, Personal docente, Personal policial, personal militar, trabajadores esenciales, contingente de NNUU, Población cautiva.

PARAGUAY
GOBIERNO NACIONAL

CERTIFICADO DE VACUNACIÓN DEL ADULTO

Ley Nacional de Vacunas Nº 4621/12 Y 6685/20

Establecimiento de Salud: _____

Distrito: _____

Apellido: _____

Nombre: _____

Fecha de Nac: _____ C/Nº _____ Sexo: ☐ M ☐ F

Dirección: _____

CERTIFICADO DE VACUNACIÓN

Vacunas	Dosis	Fecha	Nº de Lote	Firma
Neumo 23*	1ª d.			
	Ref.			
Td	1ª d.			
	2ª d.			
	3ª d.			
	4ª d.			
	5ª d.			
Influenza*	Actual			
	Actual			
Meningococo*	UX			

Ley Nacional de Vacunas Nº 4621/12 y 6685/20

* Vacuna al nacimiento de riesgo

CERTIFICADO DE VACUNACIÓN

Vacunas	Dosis	Fecha	Marca	Nº de Lote	Firma
Covid - 19*	1ª d.				
	2ª d.				
	3ª d.				
HB*	1ª d.				
	2ª d.				
	3ª d.				
SR	1ª d.				
	2ª d.				
Otras					

Ley Nacional de Vacunas Nº 4621/12 y 6685/20

* Vacuna al nacimiento de riesgo

176. 파키스탄

- 종이증명서 -

종이증명서의 경우 파키스탄 정부기관 NADRA에서도 발급이 가능하나, 민원인이 직접 NADRA 백신증명서 발급 홈페이지(nims.nadra.gov.pk)를 접속하여 발급받아 프린트하는 전자증명서와 동일한 양식으로 발급됨.

MINISTRY OF NATIONAL HEALTH SERVICES REGULATIONS AND COORDINATION
GOVERNMENT OF PAKISTAN

IMMUNIZATION CERTIFICATE FOR COVID-19

Name: _____
Date of Birth: _____ CNIC No.: _____
Nationality: _____ Passport No.: _____
Vaccination Name: _____ Card No.: _____ Recommended Dosage: _____
Status: **Fully Vaccinated**

has been administered following COVID-19 vaccine:

Vaccine or prophylaxis	Date	Name of Health Center	Vaccine manufacturer & batch No.
01.	22-	C	

Scan QR code for more details

MINISTRY OF NATIONAL HEALTH SERVICES REGULATIONS AND COORDINATION
Issuing Authority

- 전자증명서 -

(예시)

o 접속화면(주재국민/외국인)

National Immunization Management System
نیشنل ایمونائیزیشن مینجمنٹ سسٹم

Nationals can now register for Covid

Foreign Nationals Registration

Immunization Certificate

Certificate Verification

Currently registration for age group 18+ foreigners with visa validity of more than 6 months is in progress.

177. 파푸아뉴기니

- 종이증명서 -

National Department of Health
Papua New Guinea

COVID-19 Vaccination Record Card
Please keep this record about vaccines you have received.

Last Name: _____ First Name: _____
Date of Birth: _____ Date of return for 2nd dose: _____
PLACE OF VACCINATION Dose 1: _____ Dose 2: _____

TYPE OF VACCINE	DATE	NAME OF VACCINE MANUFACTURER	LOT#	Healthcare Professional signature / stamp
1st Dose of COVID-19	21/05/21	Serum Institute of India	4121015	949AM SKU
2nd Dose of COVID-19				

178. فلسطين

State of Palestine
Ministry of Health
دولة فلسطين
وزارة الصحة

Passport COVID-19
بطاقة التطعيم ضد كوفيد-19

يرجى الاحتفاظ ببطاقة التطعيم هذه، والتي تتضمن معلومات طبية حول
التطعيم التي تلقيتها
عند ظهور أي مضاعفات أو أعراض، الإلتصاف ومراجعة الطب الوقائي في
منطقتك

على متلقي التطعيم أن يستمروا في الإجراءات الوقائية، بوضع الكمامة والتباعد
الإجتماعي والتخفيف الشخصية

رقم التطعيم	طبيب الطب الوقائي
0562402378	د. صلاح الدين / الإدارة العامة للرعاية الأولية
0562402005	د. طارق حنانيا / القدس
0562401744	د. محمد السعافين / الخليل
0562401442	د. حاتم حاتم / شمال الخليل
0562401243	د. مائيم الكوراسمي / جنوب الخليل
0562402380	د. عيسى حلال / بيت لحم
0562401784	د. توفيق زاهر / بيت لحم
0562401467	د. حليم / رام الله والعبدة
0562401466	د. يوسف الماريني / رام الله والعبدة
0562401530	د. انس جواديش / اريحا
0562402035	د. جمانة الشحيبي / سلفيت
0562401527	د. الهيم سولاد / نابلس
0562401890	د. محمد صويح / قلقيلية
0562401464	د. جاني سمير / قلقيلية
0562401047	د. الهادي حواد / طولكرم
0562402098	د. عبد الله أبو حيدر / جنين
0562401465	د. قدرتي مراحمة / طولكرم

Vaccination type: **FIRST DOSE** (الجرعة الأولى)
Date of vaccination: تاريخ الجرعة
Lot No: رقم التشيئة
Name of vaccinator: اسم الطبيب
Name: الاسم
sex: ☐ male ☐ female (ذكر ☐ أنثى)
Date of birth: تاريخ الميلاد
ID No./passport No: رقم الهوية / جواز السفر
Address: العنوان
Governorate/center: المحافظة / المركز
Serial No: الرقم المتسلسل
Suffers From Chronic Diseases: يعاني من أمراض مزمنة أو ممتدة
Did you get infected with Covid-19: هل تعرضت للإصابة بكوفيد-19 قبل التطعيم
Other diseases: أمراض أخرى

SECOND (الجرعة الثانية)
Date of vaccination: تاريخ الجرعة
Lot No: رقم التشيئة
Name of vaccinator: اسم الطبيب
Notes: ملاحظات

Name:
Passport:
ID:
Sex:
D.O.B:
Location:
Issued on:
Dose 1 Dose 2
Batch No.
Vaccination Date

STATE OF PALESTINE
MINISTRY OF HEALTH
SARS-COV-2-mRNA
Vaccine Certificate
This is to certify that the holder of this card has been
successfully vaccinated against corona virus - covid
in accordance with international medical guidelines

179. 페루

- 종이증명서 -

CARNÉ DE
VACUNACIÓN
MAYORES DE 5 AÑOS
PERÚ Ministerio de Salud
DEIZER

Nombres: [Redacted]
Apellidos: [Redacted]
Domicilio: [Redacted]
Tipo Doc: N°:
Edad: Distrito: Pueblo Libre
Provincia:
N° Celular:
Inst. Laboral:

BIOLOGICOS	DOSIS	FECHA
Hepatitis B	1ra Dosis	/ /
	2da Dosis	/ /
	3ra Dosis	/ /
Antiamarilica	Dosis única	/ /
SR	Dosis única	/ /
Influenza (Comorbilidad/ Riesgo)	Dosis única	/ /
Contra COVID-19	1ra Dosis	26/5/21 EWO206
	2da Dosis	16/6/21
Otros		/ /

LOTE
Lic. EN ENFERMERIA
CEP 08779

180. 포르투갈

AstraZeneca 백신증명서(앞뒤)

[illegible]

Moderna 백신증명서(앞뒤)

COVID-19 Vaccine Moderna

Lembrete de Marcação da 2ª Dose

Nome da pessoa vacinada _____

Data da primeira dose

Data planejada da segunda dose

Data da segunda dose

Número de lote _____

Insira aqui o número de lote indicado no rótulo da frasco para injetáveis

Número de lote _____

Insira aqui o número de lote indicado no rótulo da frasco para injetáveis

Use este cartão como um lembrete para a sua segunda dose da vacina. Guarde este cartão para os seus registros, mesmo após a segunda dose.





Digitalize o código com um dispositivo móvel para obter o folheto informativo em diferentes idiomas.

Ou visite o URL <https://www.ModernaCovid19Global.com>

Se tiver efeitos secundários, fale com o seu médico, farmacêutico ou enfermeiro. Também pode ligar para 80-021-0256 para falar com um representante da Moderna.

© 2021 Moderna, Inc.
Fabricada para a MODERNA BIOTECH SPAIN S.L.
PT-COV-2100006 01/2021



181. 폴란드

- 폴란드 자체 발급 증명서 -



**Potwierdzenie
szczepienia**



Ministerstwo Zdrowia



Dane weryfikacyjne

Ważność kodu 유효기간

Imię i nazwisko 성명

Data urodzenia 생년월일

Zeskanuj powyższy kod QR
w dedykowanej aplikacji mobilnej

Zweryfikowanie kodu QR jest możliwe poprzez aplikację "Zaszczepieni" dostępną przez Google Play oraz AppStore. Przekazując kod do weryfikacji udostępniam swoje dane w zakresie imion, pierwszej litery nazwiska, dnia i miesiąca urodzenia oraz daty ważności kodu.

- EU발급 증명(폴란드어) -

[illegible]

182. 프랑스



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

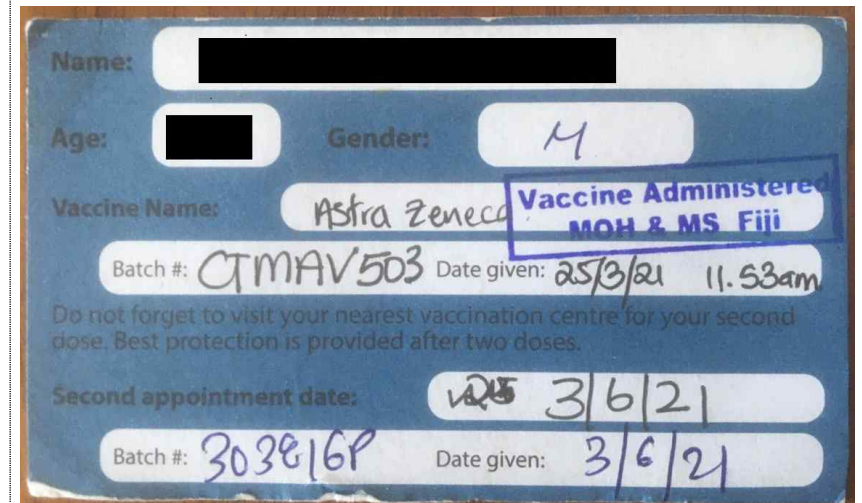
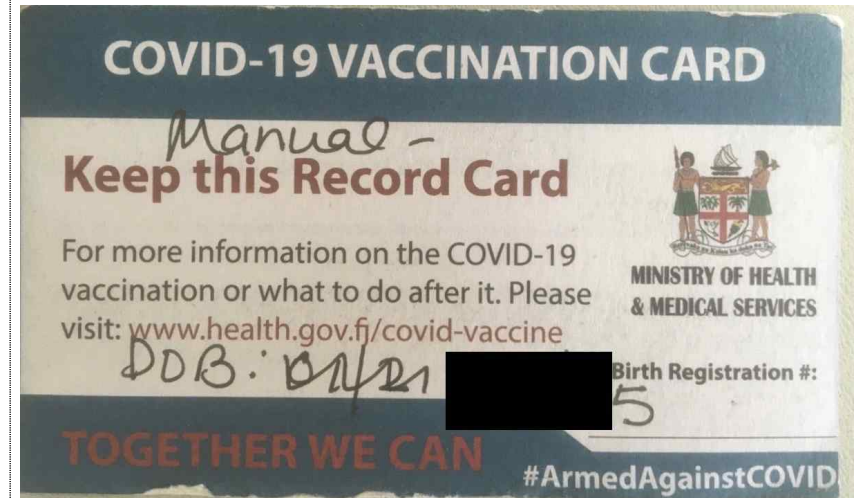


Flashez pour ajouter
dans Tous AntiCovid

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-informations-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 suivants 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 termes des articles L. 162-1-14 du code de la Sécurité Sociale.

183. 피지

- 종이증명서 - (가로 10Cm x 세로 6Cm)



184. 핀란드

- 종이증명서 -

6.9. 현재 아직까지 종이증명서를 발급하고 있지 않으며, 시스템이 구축 되는데로 발급 예정

- 전자증명서 -



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 koronatotistus tulee käyttöön
Intyget gäller tills EU:s gemensamma coronaintyg tas i bruk

Name

Nimi / Namn

Last name, First name

Date of Birth

Syntymäpäivä / Födelsedatum

YYYY-MM-DD

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

2021-06-03

Country of vaccination

Rokotusmaa / Vaccineringsland

Finland

185. 필리핀

- 종이증명서 -

COVID-19 Vaccination Card

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

Last Name: _____ First Name: _____ Suffix: _____
Address: _____ Contact No.: _____
Date of Birth: _____ Sex: Female Philhealth No.: _____ Category: _____

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	5/5/21	Sinovac	474	B20710V085
		Vaccinator Name: _____	Signature: _____	
2nd Dose (Schedule 1)	1/1			
		Vaccinator Name: _____	Signature: _____	

Health Facility Name: San Juan Contact No.: _____
Emergency Hotline: 091-934-6018 0943-375-4376 414-2128 415-8148

CITY GOVERNMENT OF TAGUIG
VACCINATION APPOINTMENT TICKET
MAY 26, 2021 DOSE: 1
TIME SLOT: 10AM-12PM
VENUE: GRAND CANAL MALL CINEMA

20216235792

INAWA
at least my (myself) Lakuna:
documentary para sa mga sumusunod:
1. Valid ID is mandatory proof of ID
2. Valid Taguig ID at pinawala
3. Valid Taguig ID at anumang pinawala
4. Valid medical certificate
5. pangangatiwaan kung kayo ay
pinatong, patay, kung kayo ay ay
may bisuhalin ang ating official
id (photo).

GOT MY COVID-19 VACCINE!

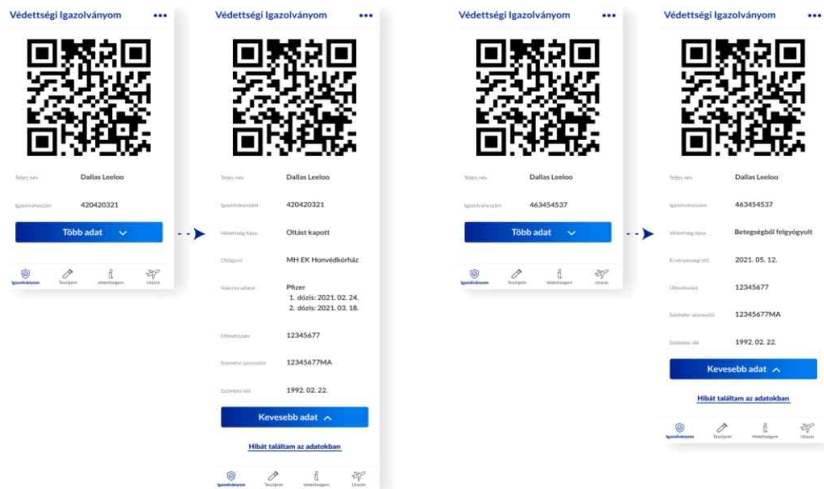
DATE ATTENDED: May 26, 2021
DOSE: 1

186. 헝가리

- 카드 -



- 전자 증명서 -



187. 호주

- 종이증명서 -

1) 예방접종증명서

- 호주 정부(My Gov) 사이트에서 예방접종증명서 발급이 가능
- 예방접종증명 내역에 코로나19 백신접종 내역이 추가되어 기재되는 방식

Immunisation history statement		
As at:	07 June 2021	
For:	YONGKYU LEE	
Date of birth:	14 November 1981	
Individual Healthcare Identifier (IHI):	8003 6045 7824 0284	
Date given	Immunisation	Brand name given
	No immunisation services recorded.	
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 1800 653 809 (call charges may apply).

2) 코로나19 예방접종증명서

- 주치의 방문시 주치의가 직접 발급 가능
- 코로나19 백신 접종 내역만 기재되는 방식


Australian Government

COVID-19 digital certificate 

This individual has received all required COVID-19 vaccines.

Name J ■ Y ■ L ■	Date of birth 2 ■ J ■ 19 ■
Individual Healthcare Identifier (IHI) 80 ■ 60 ■ ■ ■ ■ ■	Document number 10000 ■ ■ ■ ■ ■
Valid from 07 Jun 2021	

Vaccinations	Dates received
Pfizer Comirnaty	■ May 2021, ■ Jun 2021

Disclaimer
This certificate shows your COVID-19 immunisation details as reported to the Australian Immunisation Register by your vaccination provider. It is available because you have received all required doses of a COVID-19 vaccine approved for use in Australia. The valid from date reflects the date from which you received all required doses of the COVID-19 vaccine.

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 certificate 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 certificate please call the Australian Immunisation Register on 1800 653 809 (call charges may apply).

DR. SOO-JIN CHOE
Chatswood Family Clinic
Shop 46A Lemongrove Shopping Centre
427-441 Victoria Ave, Chatswood 2067
Ph: 9411 1900 Prov. No. 2188279H

Version
v2021.06.05

Date generated
25 Jun 2021

- 전자증명서 -

- : 호주 정부 국가보험(medicare) 애플리케이션을 통해 모바일로 발급되는 전자 증명 방식으로,
- 코로나 19 백신 접종 내역만 확인되는 방식임.

2021. 6. 28.

<https://prod.static9.net.au/ifs/eb6/4dea-d26e-40c8-81bb-9217d897227/800x1731>

COVID-19 digital certificate 

Australian Government

NAME
JANE CITIZEN

DATE OF BIRTH
16 Jul 1975

VALID FROM
1 Jun 2021

1 Jun 2021 11:50:14 AM

Save offline

This individual has received all required COVID-19 vaccines.

DOCUMENT NUMBER
100000002308

INDIVIDUAL HEALTHCARE IDENTIFIER (IHI)
8003601234567890

VACCINATIONS
COVID-19 Vaccine AstraZeneca • 1 Mar 2021
COVID-19 Vaccine AstraZeneca • 1 Jun 2021

1 & 1 IDENTIFIER

<https://imagesizer.static9.net.au/LPJ6EgqhXcJJsMwv2RBQMw=1800x0https%3A%2F%2Fprod.static9.net.au%2F%2Feb64dea-d26e-40...> 1/1

188. 홍콩

- 종이증명서 -



香港特別行政區政府衛生署
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

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. : 210102
接種日期 Vaccination Date	19-03-2021
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. : 1B002A
接種日期 Vaccination Date	09-04-2021
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)

2019 冠狀病毒病疫苗接種紀錄 COVID-19 Vaccination Record		疫苗名稱 Vaccine Name	接種日期 Vaccination Date
姓名 Name	身份證明文件類別及號碼 Document Type & No.	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
		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

Ref: TC21409-588786-2

Printed on 09-04-2021 14:53

- 전자증명서 -

The Government of
the Hong Kong Special Administrative Region

2019冠狀病毒病
電子針卡
COVID-19
Electronic Vaccination Record

下載日期

Download Date

07-06-2021 10:59

身份證明文件號碼

Identity Document No.

第一針 First Dose

接種日期 Vaccination Date

28-05-2021

疫苗名稱 Vaccine Name

2019冠狀病毒病疫苗 (復必泰)

Comirnaty COVID-19 mRNA Vaccine
(BNT162b2) Concentrate for Dispersion
for Injection

第二針 Second Dose

接種日期 Vaccination Date

-

疫苗名稱 Vaccine Name