VACCINATION CERTIFICATE

This is to certify that:

Child Information:

Name: kl

Date of Birth: 8/6/2009

Gender: female

Vaccination Details:

Vaccine: DOLO

Description: FEVER

Date Administered: 11/12/2025

Time: 4:00:00 PM

Administered By:

Doctor: Docter1

Hospital: Seven Hills

Address: Visac

Scan QR code to verify this certificate

This certificate is issued by DigiVax Digital Vaccination Management System
Certificate ID: 69139860741240c026a197b9d
Issued on 11/13/2025