

የ ኮ ቪ ድ-19 በሽታ መከላከያ ክትባት የምስክር ወረቀት Certificate of COVID 19 vaccination

Demographic information

Full Name: MUSTOFA KASSA BELACHEW Date of birth: 1982-01-01

Id. No:Passport Number:Sex:Occupation:Region:Zone/sub-city:

Woreda: Kebele:

Village/Got: Place of vaccination: Bole 17/20 HC

Dose	Vaccine type	Batch No.	Date vaccinated	Next Vaccination date
Dose 1	Johnson_johnson	209C21A	2021-11-18	
Dose 2				
Booster dose				

Prepared by: Helina Embibel Authorized by:

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