

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

| Full Name: MUSTOFA KASSA BELACHE | EW Date of | Date of birth: 1982-01-01 | | |
|----------------------------------|------------|-------------------------------------|--|--|
| Id. No: | Passpo | Passport Number: | | |
| Sex: | Occupa | Occupation: | | |
| Region: | Zone/s | Zone/sub-city: | | |
| Woreda: | Kebele | Kebele: | | |
| Village/Got: | Place o | Place of vaccination: Bole 17/20 HC | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |