

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

Id. No: Sex: Region:		Date of birth: 1982-01-01					
		Passport Number: Occupation: Zone/sub-city:					
					Woreda:		Kebele:
					Village/Got:		Place of vaccination: Bole 17/20 HC
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