Training Land Government

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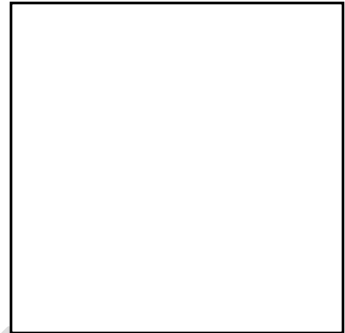
COVID-19 digital certificate ☑

This individual has received all required COVID-19 vaccines

Name: Date of birth:

Sex: System ID:

Valid from:

Vaccine	Name	Date	Vaccination Site
	Batch No.		