

Certificate  
Text Field

REPUBLIC OF BOTSWANA  
MINISTRY OF HEALTH & WELLNESS

[]

ID/Passpo

## COVID-19 VACCINATION CERTIFICATE

This is to Certify that <NAME HERE> born on <DOB> was vaccinated against COVID-19 in <NumOfDoses> complete <Doses> as shown below

ISSUED AND APPROVED BY:

HON MINISTER DR. EDWIN GORATAONE DIKOLOTI

MINISTRY OF HEALTH & WELLNESS

