**Ministry of Public Health of Afghanistan**

**Expanded Program on Immunization**

**COVID-19 Vaccination Card**

Gender: XXXXX

Full name: XXXXX

Father’s name: XXXXX

Date of birth: XXXXX

Occupation: XXXXX

Vaccination Center: XXXXX

Village:

Area/District: XXXXX

Province: Kabul

Registration number: XXXXX

Volume: XXXXX

Page: XXXXX

Date of registration: XXXXX

Date of next visit for the second dose: N.A.

|  |  |  |
| --- | --- | --- |
| **Vaccine Schedule and Type** | | |
| **Vaccine** | **1st Dose** | **2nd Dose** |
| Vaccination date | XXXXX | N.A. |
| Vaccination type | JJ (Johnson & Johnson) | N.A. |
| Vaccination batch number | XXXXX | N.A. |

Important Note:

It’s possible to experience fever, body pain, tiredness; redness, and inflation in the shot area; which are relieved gradually and not considered serious. In case of serious side-effects and harsh incidents after the shot, please contact the following phone numbers:

Ministry of Public Health Information Center: 166

Expanded Program on Immunization authorized contact: +93788401128, +93702066530

Keep this card safe and bring it with you on the next visit.