

The holder of this COVID-19
vaccination card has been
vaccinated in accordance with the
regulations of the Ministry of
Health, Government of
South Sudan.

For more details, Please visit your nearest health facility

March 2022



Republic of South Sudan Ministry of Health

COVID-19 VACCINATION CARD

Please keep this card safe. This is an official document containing information on your COVID-19 vaccination history



State: Renewery Administration firea
County: Paryang
Payam: Jan Jany
Identification number (State-County-Facility-Serial number/Year):
2022
First name(s): Sabiz walid
Surname(s): Kamal Kala
Date of birth (DD-MM-YYYY): 15 1 2 2000
Age 92
Gender:
Occupation: Student
Physical Address 29 - 3 - 10
Phone #: 0919 0 6 8983
History of Allergy: Yes No Existing condition: Yes No

	REA.	-	ALCOHOLD THE WAY AND ADDRESS OF THE PARTY OF
Items 3	Responses	Signature/ Stamp:	Date of Second dose If applicable
Date of 1" dose	-1 10x	1	DD/MM/YYYY
Name of vaccine	787	61	
Batch number/Lot	and the second s	5	
Vaccine Expiry date (DD/MM/YYYY)	18 2025	IS H	
Place of Vaccination	VASoung that		
	EADEN *	Signature/	Date of Other dose
Items	Responses	Stamp:	If applicable
Date of 2 nd dose	24/5/2022		DD/MM/YYY
Name of vaccine	18		
Batch number/Lot number	0 - 0		
Vaccine Expiry date (DD/MM/YYYY)	18/23		
Place of Vaccination	Alwaythok		
Items	Responses	Signature/ Stamp:	
Date of Other dose			DD/MM/YYYY
Name of vaccine			
Batch number/Lot			

Vaccine Expiry date (DD/MM/YYYY)

Place of Vaccination