



Covid-19 Vaccination Card

Registration No- 302649246643963746 Date- 16/12/2021

Name- MD SHIHAB HOSSAIN

Date of Birth- 07/11/2001 Age- 20

Passport No- A00145087 Country- Bangladesh

House No.- Siddik Bazar Town/Area- Siddik Bazar

Upazila/City Corporation- Dhaka South City Corporat Ward No.- 16

District- Dhaka Union- kotoyali

Center Name- Sir Salimullah Medical College Mitford Hospital

Vaccinator Information

Name- -

Center ID- 264920842

Mobile- -

Covid-19 Vaccination Information

| Vaccine Dose | Date of Receiving the Vaccine | Date of Vaccination & Vaccinator Signature |
|--|-------------------------------|--|
| 1st Dose | | |
| 2nd Dose | | |
| Vaccine Name, Manufacturer, Batch Number | Dose-1: N/A | |
| | Dose-2: N/A | |

General instructions

- > Bring this Vaccine Card to the designated immunization center on the due date of 1st and 2nd dose of Covid-19 vaccine.
- > Inform the immunization worker immediately if there is any problem / difficulty after vaccination. If necessary, bring the intended people to the nearest health center.
- > Before vaccination, the vaccination center and the date of vaccination will be informed via SMS.
- > Keep the card for future use even if the vaccination is completed
- > If the vaccine card is lost, it can be downloaded from the website www.surokkha.gov.bd.
- > Certificate can be collected from www.surokkha.gov.bd after completion of 2 doses of Covid-19 vaccine.
- > Even if you get vaccinated against Covid-19, follow proper health rules.



With your cooperation, the Government of Bangladesh is committed to deliver the Covid-19 vaccine to all who are targeted.



Expanded Programme on Immunization (EPI)
Directorate General of Health Services
Ministry of health and family welfare



:: In collaboration with ::



Vaccine Recipient's Consent Paper

Registration No- 302649246643963746 Registration Date- 16/12/2021 Passport No- A00145087

Name- MD SHIHAB HOSSAIN Country- Bangladesh

- > Information about the Covid-19 vaccine has been explained to me online and face-to-face.
- > I do agree to provide information about vaccination and its effects when required.
- > In my knowledge, I don't have any drug allergies.
- > I hereby providing my consent for the preparation of post-vaccination report / research paper.
- > I hereby voluntarily agree to get vaccinated, knowing the benefits and side effects of this vaccine (swelling at the site of vaccination, mild fever, headache, nausea, headache and body aches).

Signature of the Vaccine recipients -----

Date- -----