



Covid-19 Vaccination Card

Registration No- 201549847002644835 Date- 16/07/2021

Name- MOHAMMAD FAZLUL HOQUE SAWRAV

Date of Birth- 15/06/1993 Age- 28

Passport No- BY0226294 Country- Bangladesh

House No.- Unity Shafi Tower, Hazi Emdad Ali Road, Mohammadpur, Muradpur, Chattogram Town/Area- Unity Shafi Tower, Hazi Emdad Ali Road, Mohammadpur, Muradpur, Chattogram

Upazila/City Corporation- Chittagong City Corporation Ward No.- 8

District- Chattogram Union- pachlish

Center Name- Chittagong Medical College Hospital

Vaccinator Information

Name- -

Center ID- 154980805

Mobile- -

Covid-19 Vaccination Information

Vaccine Dose	Date of Receiving the Vaccine	Date of Vaccination & Vaccinator Signature
1st Dose	18/07/2021	
2nd Dose		
Vaccine Name, Manufacturer, Batch Number	Dose-1:	
	Dose-1:	

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

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> 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- -----