



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA

Final Certificate
for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ስም

Age / እድሜ

Gender / ፆታ

ID Verified / መታወቂያ ቁጥር

Residing at / መኖሪያ ቦታ

Vaccination Details

Vaccine Name

Date of Dose / የክትባት ቀን

Vaccinated by / ከታቢ

Vaccination at / የክትባት ቦታ