

# **Final Certiﬁcate**

**for COVID-19 Vaccination**

## Beneﬁciary Details Vaccination Details

Beneﬁciary Name / ስም

# Vaccine Name

Age / እድሜ Date of Dose / የክትባት ቀን

Gender / ጾታ Vaccinated by / ከታቢ

ID Veriﬁed / መታወቂያ ቁጥር Vaccination at / የክትባት ቦታ

Residing at / መኖሪያ ቦታ