keep this cara sajely and produce it when you come for the subsequent doses Tou must receive all the dose(s) based on the recommended vaccine schedule

## HMIS EPI 020: COVID 19 VACCINATION **CLIENT CARD**

SN:

11456373



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NIN:												
Alternative ID for Non-national (specify):												

## **COVID 19 VACCINATION CARD**

	Dose	Vaccine name	Batch	Vaccination	Vaccinator's Initials and Stamp	
		Date dose given	No	Centre		
		Next appt date				
	44.5	Vaccine name				
	1st Dose	dd/mm/yyyy				
		dd/mm/yyyy				
		Vaccine name				
	2 <sup>nd</sup> Dose	dd/mm/yyyy				
		dd/mm/yyyy				