



Vaccination Worksheet

Visit date: 21 Dec 2021

Client personal details

Family name: **KUMAR**
 Given names: **BINAY**
 Gender: **MALE**
 Date of birth: **25 Apr 1986**
 Country of birth: **INDIA**

Client identity details

Identity document presented: **Original Passport**
 Identity document number: **L7851176**
 Issuing country: **INDIA**
 Date of issue: **12 Mar 2014**
 Date of expiry: **11 Mar 2024**
 Source: **Clinic**

Client visa details

IME: **Non EDE**
 Upfront medical type: **Worker**
 IME#: **18056239**
 UMI#: **U006787005**

951 Vaccinations

Exam description
 Exam status
 Reason requested
 Clinic
 Exam date

Client's full vaccination history is required.
 Finalised
 Finalised
 Pulse Diagnostics PVT LTD
 21-Dec-2021

Vaccinations

COVID-19 : Covishield (The Serum Institute of India)					
History	05-Jun-2021, 07-Sep-2021				
	Given at Clinic	Batch #	Batch Expiry	Site	Route
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Immunity Positive	-				
History	-				
Not Given	-				
Contraindications	-				
Remarks	-				

Vaccination requirements complete?

Yes



KUMAR, BINAY
25 Apr 1986



UMI U006787005

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Remarks

Attachments

Document Type	Attached
-	-