

School Vaccination Certificate

Student Name : Anika Sharma
Student ID : STD002
Date of Birth : 2008-07-15
Gender : Female
Class : 7
School Name : Sunshine Public School
School Address : 123 Lakeview Road, Bengaluru - 560034

Vaccination Record

Vaccine Name	Dose	Date Given	Administered By
Hepatitis B	1st Dose	2024-08-10	Dr. Ravi Kumar
MMR	1st Dose	2024-08-10	Dr. Ravi Kumar
DTP	Booster	2025-01-20	Nurse Priya Singh
COVID-19	1st Dose	2025-03-10	Dr. Ravi Kumar

Certificate Issued On : 2025-05-04

Signature: _____
Authorized Vaccination Officer

Seal:
[School/Health Department Seal Image]