



Covid-19 Vaccination Card

Registration No- 207504345996235580 Date- 05/09/2022
 Name- MD MAHADY HASAN
 Date of Birth- 04/06/2001 Age- 21
 Passport No- a03412561 Country- Bangladesh
 House No.- মাস্টারপাড়া Town/Area- মাস্টারপাড়া
 Upazila/City Corporation- Noakhali Sadar Ward No.- 2
 District- Noakhali Union- Noakhali Paurasabha
 Center Name- Police Hospital, Noakhali

Vaccinator Information

Name- -
 Center ID- 750430875
 Mobile- -

Covid-19 Vaccination Information

| Vaccine Dose | Date of Receiving the Vaccine | Date of Vaccination & Vaccinator Signature |
|--|----------------------------------|--|
| 1st Dose | 07/09/2022 | 29/09/2022 |
| 2nd Dose | 27/10/2022 | |
| 3rd Dose | | |
| 4th Dose | | |
| Vaccine Name, Manufacturer, Batch Number | Dose-1: Pfizer (Pfizer-BioNTech) | |
| | Dose-2: N/A | |
| | Dose-3: N/A | |
| | Dose-4: N/A | |

General instructions

- > Bring this Vaccine Card to the designated immunization center on the due date of 1st, 2nd and 3rd dose of Covid-19 vaccine.
- > Inform the immunization worker immediately if there is any problem / difficulty after vaccination. If necessary, bring the intended people to the nearest health center.
- > Before vaccination, the vaccination center and the date of vaccination will be informed via SMS.
- > Keep the card for future use even if the vaccination is completed
- > If the vaccine card is lost, it can be downloaded from the website www.surokkha.gov.bd.
- > Certificate can be collected from www.surokkha.gov.bd after completion of 2 doses of Covid-19 vaccine.
- > Even if you get vaccinated against Covid-19, follow proper health rules.



With your cooperation, the Government of Bangladesh is committed to deliver the Covid-19 vaccine to all who are targeted.



Expanded Programme on Immunization (EPI)
 Directorate General of Health Services
 Ministry of health and family welfare



:: In collaboration with ::



Vaccine Recipient's Consent Paper

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- > Information about the Covid-19 vaccine has been explained to me online and face-to-face.
- > I do agree to provide information about vaccination and its effects when required.
- > In my knowledge, I don't have any drug allergies.
- > I hereby providing my consent for the preparation of post-vaccination report / research paper.
- > I hereby voluntarily agree to get vaccinated, knowing the benefits and side effects of this vaccine (swelling at the site of vaccination, mild fever, headache, nausea, headache and body aches).

Signature of the Vaccine recipients -----

Date- -----