

Government of Sindh Health Department

Age Full Name Gender District **CNIC Number** Cell/Phone Number Vaccination Centre Instruction: Skill person will Provide the date of Second Doxe and also inform Verbally. Date of 2nd 1st Dose 2ndDose Dose Product Name with Company Vaccination Card covid-19 Lot # and Batch # 13868.3 Card Number: 4 **Date of Vaccination** Name of Skilled Signature of Skilled Person