

#### **VALID CERTIFICATE**

## **Summary**

### **Patient Information**

Name: Rakindu Rajapaksha

**Patient ID:** P2025/747/32

Date of Birth: -

Contact: rakindur03@gmail.c

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# **Vaccination Details**

**Date Administered:** 10/12/2025, 5:27:00

PM

Healthcare Provider: Rakindu Mandunu

Rajapaksha

Facility: Hospital

Certificate Status: Valid

### **Vaccination Information**

Vaccine	Manufacturer	Dose	Batch No.	Route/Site
COVID-19	Pfizer-BioNTech	Dose 1	PFZ- COV-25B01	IM / Left Deltoid

### **Additional Information**

Expiry Date	Next Dose Due	Lot Number	Administrator	Signature
11/6/2025	-	PFZ-COV-25B01	Rakindu Mandunu Rajapaksha	_