



# Vaccination Certificate

Official Immunization Record

Cert ID: VAC-20250831-NH2G

VALID CERTIFICATE

## Summary

### Patient Information

**Name:** Rakindu Mandunu  
**Patient ID:** P2025/564/17  
**Date of Birth:** -  
**Contact:** abcd@gmail.com

### Vaccination Details

**Date Administered:** 8/31/2025, 11:28:00 PM  
**Healthcare Provider:** Rakindu Man  
**Facility:** Hospital  
**Certificate Status:** Valid

## Vaccination Information

Vaccine	Manufacturer	Dose	Batch No.	Route/Site
Cholera	Valneva (Dukoral)	Dose 1	VAL-CHOL-25D10	ID / Right Deltoid

## Additional Information

Expiry Date	Next Dose Due	Lot Number	Administrator	Signature
9/5/2025	-	VAL-CHOL-25D10	Rakindu Man	—