



# Vaccination Certificate

Official Immunization Record

Cert ID: VAC-20251012-F2A8

VALID CERTIFICATE

## Summary

### Patient Information

**Name:** Rakindu Rajapaksha  
**Patient ID:** P2025/747/32  
**Date of Birth:** -  
**Contact:** rakindur03@gmail.com

### Vaccination Details

**Date Administered:** 10/12/2025, 5:25:00 PM  
**Healthcare Provider:** Rakindu Mandunu Rajapaksha  
**Facility:** Hospital  
**Certificate Status:** Valid

## Vaccination Information

Vaccine	Manufacturer	Dose	Batch No.	Route/Site
Cholera	Valneva (Dukoral)	Dose 1	VAL-CHOL-25D10	Oral / N/A

## Additional Information

Expiry Date	Next Dose Due	Lot Number	Administrator	Signature
11/7/2025	-	VAL-CHOL-25D10	Rakindu Mandunu Rajapaksha	—