

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: 10/11/2025,

12:48:00 PM

Healthcare Provider: Odara Induwari

Haputhanthrige

Facility: Hospital
Certificate Status: Valid

Vaccination Information

Vaccine	Manufacturer	Dose	Batch No.	Route/Site
Cholera	Valneva (Dukoral)	Dose 2	VAL- CHOL-25D10	Oral / N/A

Additional Information

Expiry Date	Next Dose Due	Lot Number	Administrator	Signature
-	-	VAL-CHOL-25D10	Odara Induwari Haputhanthrige	_