

VALID CERTIFICATE

Summary

Patient Information

Name: Rakindu Rajapaksha

Patient ID: P2025/747/32

Date of Birth: -

Contact: rakindur03@gmail.c

om

Vaccination Details

Certificate Status:

Date Administered: 10/10/2025,

10:37:00 PM

Valid

Healthcare Provider: Odara Induwari

Haputhanthrige

Facility: Hospital

Vaccination Information

| Vaccine | Manufacturer | Dose | Batch No. | Route/Site |
|----------|-----------------|--------|-------------------|-----------------------|
| COVID-19 | Pfizer-BioNTech | Dose 2 | PFZ- COV-25B01 | IM / Right Deltoid |

Additional Information

| Expiry Date | Next Dose Due | Lot Number | Administrator | Signature |
|-------------|---------------|---------------|----------------------------------|-----------|
| 10/24/2025 | - | PFZ-COV-25B01 | Odara Induwari Haputhanthrige | _ |