#### **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,

12:00:00 PM

Healthcare Provider: Odara Induwari

Haputhanthrige

Facility: Hospital

Certificate Status: Valid

### **Vaccination Information**

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

### **Additional Information**

Expiry Date	Next Dose Due	Lot Number	Administrator	Signature
10/24/2025	-	VAL-CHOL-25D10	Odara Induwari Haputhanthrige	_