



# Vaccination Certificate

Official Immunization Record

Cert ID: VAC-20251013-4NJZ

VALID CERTIFICATE

## Summary

### Patient Information

**Name:** Tharana Perera  
**Patient ID:** P2025/387/26  
**Date of Birth:** -  
**Contact:** chenathperera@gmail.com

### Vaccination Details

**Date Administered:** 10/13/2025, 2:28:00 PM  
**Healthcare Provider:** Rakindu Mandunu Rajapaksha  
**Facility:** Hospital  
**Certificate Status:** Valid

## Vaccination Information

Vaccine	Manufacturer	Dose	Batch No.	Route/Site
Rabies	GSK	Dose 1	GSK-RAB-25G09	IM / Left Deltoid

## Additional Information

Expiry Date	Next Dose Due	Lot Number	Administrator	Signature
-	-	GSK-RAB-25G09	Rakindu Mandunu Rajapaksha	—