



Vaccination Certificate

Official Immunization Record

Cert ID: VAC-20251005-4VSQ

VALID CERTIFICATE

Summary

Patient Information

Name: patient amal
Patient ID: P2025/132/29
Date of Birth: -
Contact: patient@gmail.com

Vaccination Details

Date Administered: 10/5/2025, 9:54:00 AM
Healthcare Provider: shakuni perera
Facility: Hospital
Certificate Status: Valid

Vaccination Information

| Vaccine | Manufacturer | Dose | Batch No. | Route/Site |
|-------------|-----------------------|--------|----------------|-------------------|
| Hepatitis B | Merck (Recombivax HB) | Dose 1 | MRK-HEPB-25R03 | IM / Left Deltoid |

Additional Information

| Expiry Date | Next Dose Due | Lot Number | Administrator | Signature |
|-------------|---------------|----------------|----------------|-----------|
| 10/8/2025 | - | MRK-HEPB-25R03 | shakuni perera | — |