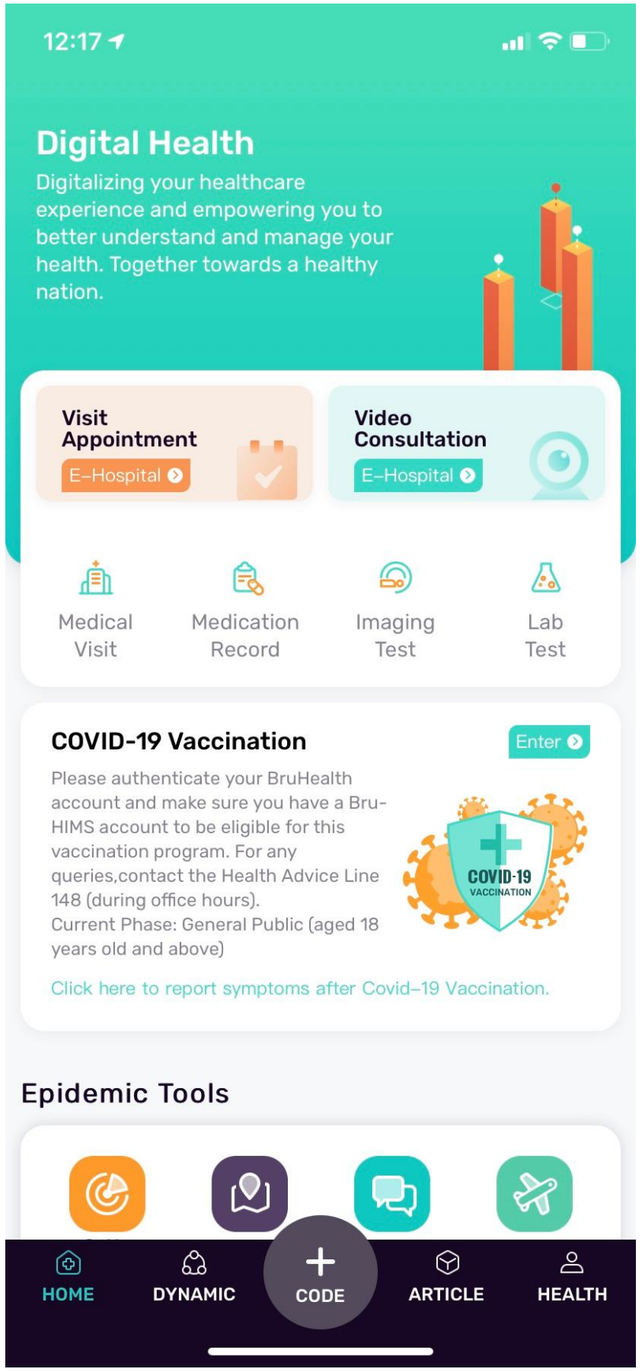

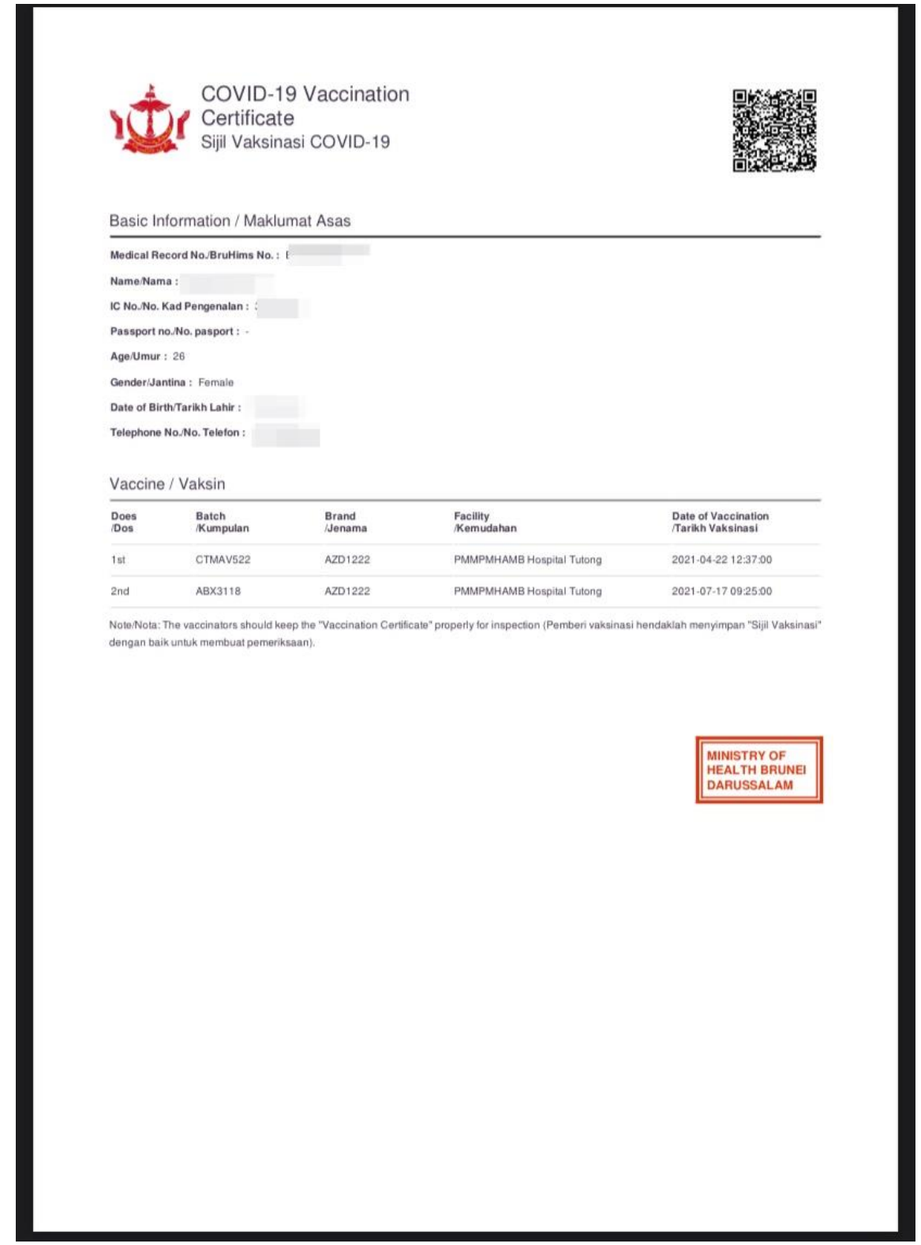

COVID-19 Vaccination Certificate
Sijil Vaksinasi COVID-19

Basic Information / Maklumat Asas

Medical Record No./BruHims No. :
Name/Nama :
IC No./No. Kad Pengenalan :
Passport no./No. pasport : -
Age/Umur : 26
Gender/Jantina : Female
Date of Birth/Tarikh Lahir :
Telephone No./No. Telefon :

Vaccine / Vaksin

| Does /Dos | Batch /Kumpulan | Brand /Jenama | Facility /Kemudahan | Date of Vaccination /Tarikh Vaksinasi |
|---|---|---|---|---|
| 1st | CTMAV522 | AZD1222 | PMMPMHAMB Hospital Tutong | 2021-04-22 12:37:00 |
| 2nd | ABX3118 | AZD1222 | PMMPMHAMB Hospital Tutong | 2021-07-17 09:25:00 |

Note/Nota: The vaccinators should keep the "Vaccination Certificate" properly for inspection (Pemberi vaksinasi hendaklah menyimpan "Sijil Vaksinasi" dengan baik untuk membuat pemeriksaan).

MINISTRY OF HEALTH BRUNEI DARUSSALAM