



Ministry of Health - Sri Lanka
Certificate of COVID-19 Vaccination

1. Beneficiary Name / ප්‍රතිලාභියාගේ නම / நலன் பெற்றவர் பெயர்

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2. Residential Address / පදිංචි ලිපිනය / வதிவிட முகவரி

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3. Gender / ස්ත්‍රී පුරුෂ භාවය / பாலினம்

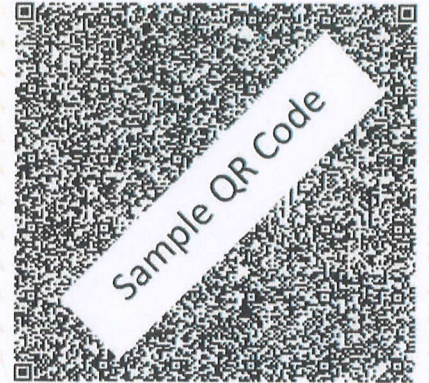
Female

4. Age / වයස / வயது

42 Years

5. Verified Identity Number / අනන්‍යතාවය / தே.அ.அ. இலக்கம்

NIC: XXXXXXXXX / Passport: XXXXXXXXX



6. Vaccination Details / එන්නත් කිරීමේ විස්තර / தடுப்பூச்சி விவரங்கள்

| | First Dose | Booster Doses | |
|--------------------|--------------------------|--------------------------|--|
| 1. Date | 12-Feb-2021 | 05-May-2021 | |
| 2. Vaccine Product | ASTRAZENECA / COVISHIELD | ASTRAZENECA / COVISHIELD | |
| 3. Batch Number | COVISHIELD - 4120Z025 | COVISHIELD - 4121Z009 | |

7. Vaccination Status / එන්නත් කිරීමේ තත්වය / தடுப்பூச்சி நிலை

Completed

8. Date of Issue / නිකුත් කරන දිනය / வெளியீட்டு தேதி

10-Aug-2021

Secretary of Health

Verification Portal
<https://cert.covid19.gov.lk>

