

CERTIFICATE OF VACCINATION



MINISTRY OF HEALTH

Citizenship ID:

Last name:

First name:

Date of Birth:

Gender:

Citizenship:

No	Vaccine name	Dose	Date of vaccination	Name of manufacturer	Serial number	Health facility name
1	COMIRNATY	Ковид-19 (I тун)	2021-04-23	PFIZER BIONTECH	ER7449	Хавдар судлалын үндэсний төв
2	COMIRNATY	Ковид-19 (II тун)	2021-05-13	PFIZER BIONTECH	ER7449	Хавдар судлалын үндэсний төв



Date of issue : 2021/05/14