



Certificate No. FV5672754622

IMMUNIZATION CERTIFICATE FOR COVID-19

Name _____ John Aaron
Date of Birth _____ 29-07-1992 CNIC No. _____ 42301-3502639-5
Nationality _____ Pakistan Passport No. _____ AK1906392
Vaccination Name _____ Sinopharm Recommended Dosage _____ 2
Status _____ Fully Vaccinated



has been administered following **COVID-19** vaccine:

Vaccine or prophylaxis	Date	Name of Health Center	Vaccine manufacturer & batch No.
01.	10-06-2021	Expo Center Karachi	Sinopharm, China National Pharmaceutical Group Co., Ltd 2021030324
02.	08-07-2021	Expo Center Karachi	Sinopharm, China National Pharmaceutical Group Co., Ltd 202106B1179



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