health Department REFUBLIC OF BOUTH AFRICA  VACCINEE DETAILS		COVID-19 VACCINATION RECORD CARD																
Surname																		
First name(s)																		
Identity number/ Passport number																		
Next appointment date		Υ	Υ	Υ	Y	M	M	D		D								
EVDS vaccination num	ber																	
VACCINE DOSE	VACCI	NE NAM	NAME MANUFACTURER				BATCH NUMBER					$\top$	VACCINE DATE					
1" Dose												Υ	γ	М	М	D	D	
2 <sup>nd</sup> Dose												Υ	Υ	М	М	D	D	
3 <sup>rd</sup> Dose													Υ	М	M	D	D	
VACCINATOR DET	AILS																	
Surname							First name(s)											
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Signature								v I	١	. 1 -	. 1	v	M	М	l p	- 1	D	



## **COVID-19 VACCINATION RECORD CARD**

Bring this vaccination record to every vaccination and when visiting your health facility.

If you have experienced any adverse events after leaving the Vaccination Site, please report to the Adverse Events Following Immunisation system at AEFI@health.gov.za or call 071 302 8949

For more information about COVID-19 and COVID-19 vaccine, please visit **www.sacoronavirus.co.za** 

COVID-19 PUBLIC HOTLINE **0800 029 999**OFFICIAL WHATSAPP HELP SERVICE
Send **Hi** to **0600 123 456** on WhatsApp