

COVID-19 VACCINATION RECORD CARD

VACCINEE DETAILS

Surname													
First name(s)													
Identity number/ Passport number													
Next appointment date	Y	Y	Y	Y	M	M	D	D					
EVDS vaccination number													

VACCINE DOSE	VACCINE NAME	MANUFACTURER	BATCH NUMBER	VACCINE DATE					
1 st Dose		<h1>Sample</h1>		Y	Y	M	M	D	D
2 nd Dose				Y	Y	M	M	D	D
3 rd Dose				Y	Y	M	M	D	D

VACCINATOR DETAILS

Surname	First name(s)
Signature	DATE: Y Y Y Y M M D D

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

If you have experienced any adverse event after leaving the Vaccination Site, please report to the Adverse Events Following Immunisation system at **AEFI@health.gov.za**

Sample

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