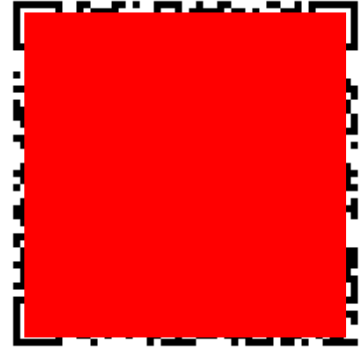




Department of Disease Control

International COVID-19 Vaccination Certificate

Name MR. [REDACTED]
Passport No. [REDACTED]
Nationality THAI
Date of Birth [REDACTED]
Sex Male



Certificate Information

Certificate Status **VALID** Issuance Date 17-09-2022
Certificate Identifier [REDACTED]
Certificate Issuer [REDACTED]

Vaccination Record

Dose	Name of Vaccine	Date of Vaccination	Vaccine Batch Number	Vaccine Manufacturer	Administering Center
1	AstraZeneca	25-03-2022	[REDACTED]	AstraZeneca	11850
2	Comirnaty	22-04-2022	[REDACTED]	Pfizer, BioNTech	11850
3	Comirnaty	12-09-2022	[REDACTED]	Pfizer, BioNTech	10819

Date Format: DD-MM-YYYY