



VaXCertPH

COVID-19 VACCINATION CERTIFICATE

Full Name:
ARTU
JR

Date of Birth:

Sex:
MALE

Issuer:
Philippine Department of Health

Issuance Date and Time:
10-Sep-2021 12:31 PM

Certificate ID: 145833031

Dose Number	Date of Vaccination	Vaccine/ Prophylaxis	Brand, Manufacturer	Lot Number	Country of Vaccination
1	30-May-2021	COVID-19 vaccine, non-replicating viral vector	ChAdOx1-S (recombinant) (AstraZeneca), AstraZeneca	<input style="width: 50px;" type="text"/>	Philippines
2	25-May-2021	COVID-19 vaccine, non-replicating viral vector	ChAdOx1-S (recombinant) (AstraZeneca), AstraZeneca	<input style="width: 50px;" type="text"/>	Philippines

Certificate valid 14 days from date of final vaccination



VaXCertPH

COVID-19 菲律賓疫苗接種數位證明

姓名:
ARTU
JR

出生日期:

性別:
MALE

發行單位:
菲律賓衛生部

發行日期與時間:
2021年09月10日 12:31 下午

認證號碼: 145833031

劑次	接種日期	疫苗 / 預防	廠牌	批次號碼	接種國家
1.	2021年5月30	COVID-19 疫苗	阿斯特利達	<input style="width: 50px;" type="text"/>	菲律賓
2.	2021年5月25	COVID-19 疫苗	阿斯特利達	<input style="width: 50px;" type="text"/>	菲律賓

證書自最後一次疫苗接種之日起 14 天有效



國際疫苗接種 或預防證書



This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering center; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any or part of it, null renders it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS



This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering center; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any or part of it, null renders it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
BUREAU OF QUARANTINE



This is to certify that _____

date of birth _____ sex _____ nationality _____

national identification document, if applicable _____

whose signature follows ✓ _____

has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition)

In accordance with the International Health Regulations.

800123568



Scan the QR Code using Bureau of Quarantine Official APP or Website
<https://bqg.prcpp.gov.ph>

菲律賓衛生部
檢疫局



茲證明 _____

出生日期 _____ 性別 _____ 國籍 _____

國民身分證明文件，如果適用 _____

請簽名如下 ✓ _____

已在所示日期接種疫苗或接受預防：(疾病或健康狀況名稱)

根據國際衛生註冊

800123568



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WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

INTERNATIONAL CERTIFICATES
OF VACCINATION
CERTIFICATS INSTERNAUX
DE VACCINATION

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH

BUREAU OF QUARANTINE



Tel No: 8320-9101 to 08



世界衛生組織
國際疫苗接種證書

菲律賓衛生部
檢疫局



Tel No: 8320-9101 to 08