



Republic of Tunisia

Ministry of health

COVID vaccination certificate



Personal information

EVAX registration number:

Surname and name:

National identity card:

Identifier type:

Date of Birth:

Vaccine information

Reference of the vaccination certificate:

Vaccine name:

First dose vaccination center:

Second dose vaccination center:

First dose vaccination date:

Second dose vaccination date:

First Dose lot number:

Second Dose lot number:

QR Code