**APLIECINĀJUMS PAR PERSONAS VAKCINĀCIJU PRET COVID-19**

CERTIFICATE OF VACCINATION AGAINST COVID-19 IN LATVIA

**VĀRDS, UZVĀRDS**

NAME, SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DZIMŠANAS DATUMS** (dd/mm/gggg)

DATE OF BIRTH (dd/mm/yyyy) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

**LV PERSONAS KODS**

LV PERSONAL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_–\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VAKCĪNAS NOSAUKUMS**

NAME OF VACCINE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VAKCINĀCIJAS STATUSS □ UZSĀKTA □ PABEIGTA**

VACCINATION STATUS STARTED COMPLETED

**VAKCINĀCIJAS DATUMS** (dd/mm/gggg)

DATE OF VACCINATION (dd/mm/yyyy)

**1.DEVA**

1st DOSE \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. DEVA (ja 2.deva ir nepieciešama)**

2nd DOSE \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ (when 2nd dose is required)

**APLIECINĀJUMA IZSNIEGŠANAS DATUMS** (dd/mm/gggg)

CERTIFICATE ISSUE DATE (dd/mm/yyyy) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

**ĀRSTNIECĪBAS IESTĀDES NOSAUKUMS**

NAME OF HEALTHCARE INSTITUTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ĀRSTNIECĪBAS IESTĀDES KONTAKTI tālrunis**  **e-pasts**

CONTACTS OF HEALTHCARE INSTITUTION phone \_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ĀRSTNIECĪBAS PERSONA/CITA AMATPERSONA**

HEALTHCARE PROVIDER/ OTHER OFFICIAL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(specialitāte / amats, vārds, uzvārds)**

 (speciality / position, name, surname)

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**(paraksts)**

(signature)