

T.C.
MANİSA VALİLİĞİ
İl Salgın Denetim Merkezi

Sayı :E-46724016-969-11529
Konu :Covid-19 Aşı Sertifikaları Örnekleri

DAĞITIMLI
09.07.2021

SALİHLİ KAYMAKAMLIĞI


İlgi : 29/06/2021 tarihli ve 10671 sayılı yazımız.

İlgi yazımız ekinde gönderilen İçişleri Bakanlığı İller İdaresi Genel Müdürlüğünün 28/06/2021 tarihli ve 10582 sayılı yazısında; **Bangladeş, Brezilya, Güney Afrika, Hindistan, Nepal, Sri Lanka, Afganistan, Pakistan, Birleşik Krallık, İran, Mısır ve Singapur'dan** ülkemize gelen kişilere yönelik uygulanacak tedbirler belirlenmiş, bu ülkeler dışındaki **diğer ülkelerden** gelenlerden tüm sınır kapılarımızdan (kara, hava, deniz, demiryolu) ülkemize girişlerde girişten en az 14 gün önce **aşı yaptırıldığına** ve/veya ilk PCR pozitif test sonucunun 28. gününden başlamak üzere **hastalığı son 6 ay içinde hastalığı geçirdiğine** dair ilgili ülke resmi otoritelerince düzenlenen belgeyi ibraz edenlerden ayrıca **negatif sonuçlu PCR/hızlı antijen testi raporu ibrazı talep edilmeyeceği** ve bu kişiler için karantina tedbiri uygulanmayacağı bildirilmişti

İçişleri Bakanlığı İller İdaresi Genel Müdürlüğünün 09/07/2021 tarihli ve 11346 sayılı yazısı ile Dışişleri Bakanlığının çeşitli yazılarıyla **Fas Krallığı, Ekvador, Letonya, Hırvatistan, Avusturya, Moldova ve Yeni Zelanda** makamlarınca tanzim edilen aşı sertifikası veya hastalığın geçirildiğini gösterir belgelerin İçişleri Bakanlığıyla paylaşıldığı bildirilmiştir.

Bahse konu yazı ve aşı sertifikalarının ve hastalığın geçirildiğini gösterir belgelerin örnekleri ekte gönderilmiştir.

Bilgi ve gereğini rica ederim.


Yazı İşleri Md.
12.07/2021
Kaymakam
5003

Ahmet YILMAZ
Vali a.
Vali Yardımcısı

Ek:

- 1- Yazı (1 sayfa)
- 2- Aşı Sertifikaları (8 Adet)

Dağıtım:

Gereği:

- Manisa Büyükşehir Belediye Başkanlığına
- 17 İlçe Kaymakamlığı
- Manisa İl Jandarma Komutanlığına
- Manisa İl Emniyet Müdürlüğüne
- 17 İlçe Belediye Başkanlıklarına
- Manisa Aile ve Sosyal Hizmetler İl Müdürlüğüne
- Manisa Çevre ve Şehircilik İl Müdürlüğüne
- Manisa Gençlik ve Spor İl Müdürlüğüne
- Manisa Ticaret İl Müdürlüğüne
- Manisa Defterdarlığına
- Manisa Vergi Dairesi Başkanlığına
- Manisa İl Kültür ve Turizm Müdürlüğüne
- Manisa İl Millî Eğitim Müdürlüğüne
- Manisa İl Tarım ve Orman Müdürlüğüne
- Manisa Sanayi ve Teknoloji İl Müdürlüğüne
- Manisa İl Sağlık Müdürlüğüne

Bilgi:

- Manisa 1. Komando Eğitim ve Tugay Komutanlığı
- Manisa Cumhuriyet Başsavcılığına
- Manisa Özel Kalem Müdürlüğüne

Bu belge, güvenli elektronik imza ile imzalanmıştır.
Doğrulama Kodu: h4p92q-8Z+N2O-ehgzH4-f2Labx-BT6SbNUU Doğrulama Linki:
<https://www.turkiye.gov.tr/icisleri-ebys>

Telefon No: Faks No:
e-Posta: İnternet Adresi: www.icisleri.gov.tr
Kep Adresi: icisleribakanligi@hs01.kep.tr

Bilgi için: Osman YILMAZ
Şube Müdürü
Telefon No:



T.C.
İÇİŞLERİ BAKANLIĞI
İller İdaresi Genel Müdürlüğü



Sayı :E-89780865-153-11346
Konu :Covid-19 Aşı Sertifikaları Örnekleri

09.07.2021

DAĞITIM YERLERİNE

İlgi : 28.06.2021 tarihli ve 10582 sayılı Genelgemiz.

İlgi Genelgemizle **Bangladeş, Brezilya, Güney Afrika, Hindistan, Nepal, Sri Lanka, Afganistan, Pakistan, Birleşik Krallık, İran, Mısır ve Singapur**'dan ülkemize gelen kişilere yönelik uygulanacak tedbirler belirlenmiş, bu ülkeler dışındaki **diğer ülkelerden** gelenlerden tüm sınır kapılarımızdan (kara, hava, deniz, demiryolu) ülkemize girişlerde girişten en az 14 gün önce **aşı yaptırıldığına ve/veya ilk PCR pozitif test sonucunun 28. gününden başlamak üzere hastalığı son 6 ay içinde hastalığı geçirdiğine** dair ilgili ülke resmi otoritelerince düzenlenen belgeyi ibraz edenlerden ayrıca **negatif sonuçlu PCR/hızlı antijen testi raporu ibrazı talep edilmeyeceği** ve bu kişiler için karantina tedbiri uygulanmayacağı bildirilmiştir

Dışişleri Bakanlığının çeşitli yazılarıyla **Fas Krallığı, Ekvador, Letonya, Hırvatistan, Avusturya, Moldova ve Yeni Zelanda** makamlarınca tanzim edilen aşı sertifikası veya hastalığın geçirildiğini gösterir belgeler Bakanlığımızla paylaşılmıştır.

Bahse konu aşı sertifikalarının ve hastalığın geçirildiğini gösterir belgelerin örnekleri ekte gönderilmektedir.

Bilgi ve gereğini arz ve rica ederim.

H. Kürşat KIRBIYIK
Bakan a.
İller İdaresi Genel Müdürü

Ek: Aşı Sertifikası Örnekleri

Dağıtım:

Gereği:

81 İl Valiliğine

Hudut Kapısı Mülki İdare Amirlikleri

Emniyet Genel Müdürlüğüne

Bilgi:

Dışişleri Bakanlığına

Sağlık Bakanlığına

Bu belge, güvenli elektronik imza ile imzalanmıştır.

Doğrulama Kodu: 1o3JGO-/+/WI2-tVFgXU-sXDnDP-3DUbAWMj Doğrulama Linki: <https://www.turkiye.gov.tr/icisleri-ebys>

Kavaklıdere Mahallesi, Atatürk Bulvarı, No:191 Çankaya/Ankara 06680
Telefon No: (312) 422 42 91 Faks No: (312) 417 93 86
e-Posta: syb@icisleri.gov.tr İnternet Adresi: <https://www.icisleri.gov.tr/illeridaresi>
Kep Adresi: icisleribakanligi@hs01.kep.tr



SAMPLE



UN System-wide COVID-19 Vaccination Programme

VACCINATION RECORD

This confirms that the person named herein has been vaccinated under the UN System-wide COVID-19 Vaccination Programme

Full Name: Individual_First_Name Individual_Last_Name

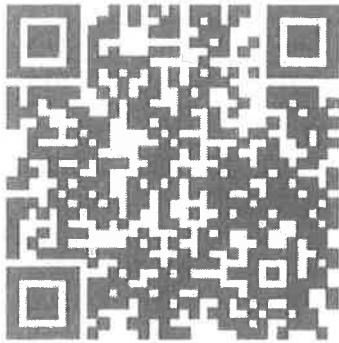
Date of Birth: 06-01-2011



VACCINE	VACCINE NAME / LOT NUMBER	DATE MM-DD-YYYY	CLINIC SITE
1 st Dose COVID-19	COVISHIELD™ (ChAdOx1 nCoV-19) - AstraZeneca / 41212005	05-13-2021	AF - Kabul - UNOCA Compound
2 nd Dose COVID-19	COVISHIELD™ (ChAdOx1 nCoV-19) - AstraZeneca / 41212005	06-23-2021	AF - Kabul - UNOCA Compound

Please refer to the Vaccine Administration Record (VAR) for more details. For more information, please contact the UN System-wide COVID-19 Vaccination Programme.

Vaccination Certificate
Potvrda o cijepljenju



Surname(s) and forename(s)
Prezime (prezimana) i ime (imena)
XXXXXXXX

Date of birth
Datum rođenja
XXXXXX

Unique certificate identifier
Jedinstveni identifikator potvrde
XXXXXXXXXXXXXXXXXX

Class or agent targeted
Bodil ili agens na koji se cilja

Vaccine/prophylaxis
Cjepivo/preparat

Vaccine medical product
Naziv lijeka

Vaccine marketing authorisation
Ime proizvođača

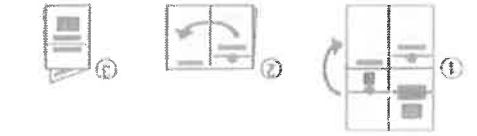
Holder or manufacturer
Nositelj odgovornosti za stvaranje
lijeka u prometu ili proizvođač lijeka

Number in a series of
vaccination/doses and the overall
number of doses in the series
Broj primjena cjepiva
u odnosu na potpunu seriju

Date of vaccination
datum cijepljenja, uz naziv i datum
posljednje primjene doze

Member state of vaccination
Država članica cijepljenja

Certificate issuer
izdavač potvrde



The certificate is not a legal document. The certificate holder is responsible for the accuracy of the information provided. The certificate holder is not responsible for the accuracy of the information provided. The certificate holder is not responsible for the accuracy of the information provided.

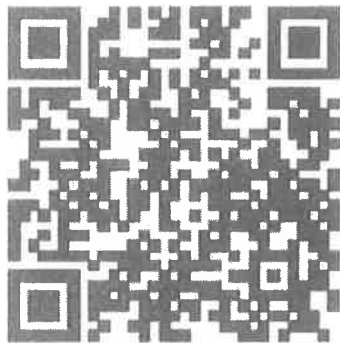


**EU Digital
COVID Certificate**

**EU digitalna
COVID potvrda**



Certificate of Recovery
Potvrda o preboljenju



Surname(s) and forename(s)
Prezime (prezimena) i ime (imena)
XXXXXXXX

Date of birth
Datum rođenja
XXXXXX

Unique certificate identifier
Jedinstveni identifikator potvrde
XXXXXXXXXXXXXXXXXXXX

Disease or agent the citizen has recovered from
Bolest ili agens koji je građanin preboljeo

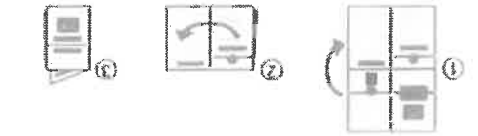
Date of first positive test result
Datum prvog pozitivnog rezultata testa

Number State of Test
Država čija je testirana

Certificate issuer
Izdavaatelj potvrde

Certificate valid from
Potvrda vrijedi od

Certificate valid until
(not more than 180 days after the date of first positive test result)
Potvrda vrijedi do (ne više od 180 dana prvog pozitivnog rezultata testa)



The certificate is not a travel document. The health authorities in COVID-19 recovery, health recovery, and other countries should check the validity of the certificate and the status of the holder. The certificate is not a travel document. The health authorities in COVID-19 recovery, health recovery, and other countries should check the validity of the certificate and the status of the holder.



EU Digital COVID Certificate
EU digitalna COVID potvrda



Test Certificate
Potvrda o testiranju

Disease or agent **Bolest**

Report it agers as of se (e)

Type of test **vrsta**

Test name (optional for NAAT) **Ime testa (opcionalno za NAAT test)**

NAAT test (no government NAAT test)

Test manufacturer (optional for NAAT) **Proizvođač testa (opcionalno za NAAT test)**

as NAAT test

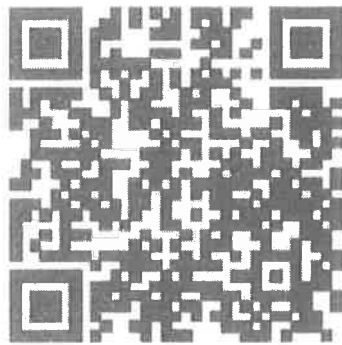
Date and time of the test sample collection **Datum i vrijeme uzimanja uzorka**

Result of the test **Rezultat testa**

Testing centre or facility **Centar za ispitivanje**

Member State of test **Država članica testiranja**

Certificate issuer **Ispravitelj potvrde**



Surname(s) and forename(s)
Prezime (prazinena) i ime (imena)
XXXXXXXX

Date of birth
Datum rođenja
XXXXXX

Unique certificate identifier
Jedinstveni identifikator potvrde
XXXXXXXXXXXXXXXXXX



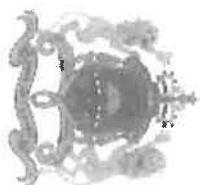
The issuer is not a state-issued. The issuer's address on COVID-19 is not a state-issued. The issuer's address on COVID-19 is not a state-issued. The issuer's address on COVID-19 is not a state-issued.



EU Digital COVID Certificate

EU digitalna COVID potvrda





المملكة المغربية
ROYAUME DU MAROC

Royaume du Maroc



Présentation du Pass Vaccinal Marocain

Pass Vaccinal

Les différents modèles

Version PDF Imprimable

Logo of the Ministry of Health and the National Center for Vaccines and Biologicals (CNV).

Section 1: Personal Information

N° ID CNI/CS: V. Imp. V. Mob. V

Nom: V V

Prénom: V V

Genre: V V

Date de Naissance: V V

Nationalité: V V

Section 2: Vaccination History

Date D1: V. Imp. V. Mob. V

Type Vaccin D1: V V

N° de lot Vaccin D1: V V

Date D2: V V

Type Vaccin D2: V V

N° de lot Vaccin D2: V V

Section 3: Authentication

QR Code: V. Imp. V. Mob. V

Date d'émission: V V

Code à barre ID: V V

N° Identifiant Pass: V V

Version smartphone

Logo of the Ministry of Health and the National Center for Vaccines and Biologicals (CNV).

Section 1: Personal Information

N° ID CNI/CS: V. Imp. V. Mob. V

Nom: V V

Prénom: V V

Genre: V V

Date de Naissance: V V

Nationalité: V V

Section 2: Vaccination History

Date D1: V. Imp. V. Mob. V

Type Vaccin D1: V V

N° de lot Vaccin D1: V V

Date D2: V V

Type Vaccin D2: V V

N° de lot Vaccin D2: V V

Section 3: Authentication

QR Code: V. Imp. V. Mob. V

Date d'émission: V V

Code à barre ID: V V

N° Identifiant Pass: V V

Barcode: 6075304130979E

Application d'authentification du Pass Vaccinal

Mode d'authentification du pass vaccinal

PASS VACCINATION

Le Pass de Vaccinal peut être lue et authentifié via :

- Vérification Visuel
- Lecture QR Code : mode de cryptage utilisé AES et RSA
- Lecture Code à barre : ID du Pass Vaccinal

APPLICATION DE LECTURE

Mise à disposition d'une Application Mobile :

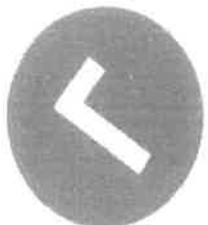
- Version Androide / IOS
- Lecture du QR Code
- L'application peut être mise à disposition des entités souhaitant authentifié Pass

AUTRES DISPOSITIFS DE LECTURE

Mise à disposition des clés publiques de cryptage utilisé :

- Lecteur de QR Code
- Implémentation dans les applications des acteurs (RAMM Assistance, Verifyly, IATA, etc.)

🌐
البلد الحماة
→



حامل هذا الجواز قد تم تلقيه ضد فيروس كورونا المستجد

Le porteur de ce pass est vacciné contre le SARS-CoV-2
The holder of this pass is vaccinated against SARS COV 2

BLOC VERIFICATION

Vaccination
Validité du vaccin

BLOC IDENTITAIRE & VACCINATION

N° ID CNIÉ/CS
Nom & prénom
Date vaccination

AB123456 (*)

ZOHRA MOUSSA

02/06/2021

المواطنة مومسا

02/06/2021

📄

المواطنة مومسا

02/06/2021

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المواطنة مومسا - 02/06/2021

CERTIFICADO DE VACUNACIÓN

1. DATOS DEL PACIENTE

NOMBRE	APELLIDO	SEXO	EDAD	N° HISTORIA CLÍNICA
--------	----------	------	------	---------------------

2. DATOS DE VACUNACION

VACUNA	DOSES	FECHA VACUNA	PRÓXIMA VACUNA	VACUNADOR
--------	-------	--------------	----------------	-----------

3. DATOS DE EMISION

UBICACIÓN	ENTIDAD	USUARIO QUE GENERÓ EL CERTIFICADO
-----------	---------	-----------------------------------



<Name>

By email: <email>

Ref: <reference number>

Dear <Name>

Confirmation of COVID-19 Vaccination

Thank you for your request to the Ministry of Health New Zealand (the Ministry) for confirmation of COVID-19 vaccination on <Date 2021>. This has been provided under the Privacy Act 2020 (the Act).

The table below confirms the details of the COVID-19 vaccine administered to <full name> in New Zealand. This information was sourced from New Zealand's COVID Immunisation Register (CIR) on <date data was exported>.

Dose	Last Name	First Name/s	NHI Number	Date of Birth	Vaccine name	Vaccine sponsor ¹	Disease targeted	Date Administered	Batch number
Dose 1					Comirnaty (COVID-19 mRNA vaccine)	Pfizer New Zealand Limited	SARS-CoV-2		
Dose 2					Comirnaty (COVID-19 mRNA vaccine)	Pfizer New Zealand Limited	SARS-CoV-2		

You have a right to ask the Ministry to amend any incorrect information we hold about you. Please contact us if you believe any personal information requires correction or if you require any further information held about you in the CIR.

I trust that this information fulfils your request. You have the right to seek a review of any decisions made regarding this request under section 70 of the Act from the Privacy Commissioner. The Commissioner can be contacted at: enquiries@privacy.org.nz or by calling 0800 803 909.

Yours sincerely

Joanne Gibbs
National Director
COVID-19 Vaccine and Immunisation Programme

¹ This is the New Zealand equivalent of a vaccine market authorisation holder.

Anexa nr. 12
La ordinul MSMPS
Nr. 93 din 09.02.2021

Certificat de vaccinare împotriva Covid-19

Свидетельство о вакцинации против COVID-19
Vaccination certificate against COVID-19

NUME PRENUME / ИМЯ ФАМИЛИЯ / NAME SURNAME:

Sex / Секс / Sex: _____ Vârsta / Возраст / Age: _____

IDNP / Удостоверение личности / ID: _____

Domiciliu / Адрес / Adress: _____

INFORMAȚII DESPRE VACCIN / ИНФОРМАЦИЯ О ВАКЦИНАХ / VACCIN INFO

Tip vaccin / Тип вакцины / Type of vaccine: VACCIN ÎMPOTRIVA COVID-19

Doza 1 Доза 1 Dose 1	Produs / Производить / Product	Lot număr / серийный номер / Batch no	Data Vaccinării / Дата вакцинации / Date of vaccination

Doza 2 Доза 2 Dose 2	Produs / Производить / Product	Lot număr / серийный номер / Batch no	Data Vaccinării / Дата вакцинации / Date of vaccination

Centrul de vaccinare / Центр вакцинации / Vaccination center:

Semnătura responsabilului

Ștampila



Sertifikāta unikālais identifikators

Unique certificate identifier

123456789012

ES digitālais Covid-19 sertifikāts

EU Digital COVID Certificate



Uzvārds(-i) un vārds(-i)
Surname(s) and forename(s)

Linuža Beisere - Elizabete Alise
Dompalma

Dzimšanas datums
Date of birth

12.02.1992.
(12/02/1992)

Latvijas Republika
Republic of Latvia

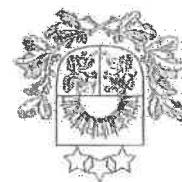
www.covid19sertifikats.lv

This certificate is not a travel document. The scientific evidence on COVID-19 vaccination, testing and recovery continues to evolve, also in view of new variants of concern of the virus. Before travelling, please check the applicable public health measures and related restrictions applied at the point of destination.

Šis sertifikāts nav ceļošanas dokumenta. Zinātnes atziņas par Covid-19 vakcināciju, testēšanu un pārsīlimošanu turpina mainīties, tostarp jaunu draudīgu vīrusa variantu dēļ. Pirms došanās ceļā, lūdzam iepazīties ar spēkā esošajiem sabiedrības veselības aizsardzības pasākumiem un ar tiem saistītajiem ierobežojumiem, ko piemēro galamērķa valstī.

National Health Service

Nacionālais veselības dienests



Testēšanas sertifikāts
Test Certificate

Testa objekts: Mēģņa slimība vai terosinātais
Disease or agent targeted

Testa veids: Testa veids
Type of test

Testa nosaukums: Testa nosaukums
Test name

Testa ražotājs: Testa ražotājs
Test manufacturer

Testa parauga ņemšanas datums un laiks: 29.05.2021. 21:34
Date and time of the test sample collection

Testa rezultāts: 29.05.2021. 21:34
Date and time of the test result production

Testa rezultāts: Result of the test
Result of the test

Testa objekts: Testēšanas centrs vai kompleks
Testing centre or facility

Testēšanas dalībvalsts: Latvijas Republika
Member State of test
Republic of Latvia

Sertifikāta izdevējs: Nacionālais veselības dienests
Certificate issuer
National Health Service

Testa objekts: Testa objekts
Unique certificate identifier



Sertifikāta unikālais identifikators

Unique certificate identifier

123456789012

Uzvārds(-i) un vārds(-i)
Surname(s) and forename(s)

Linuža Beisere - Elizabete Alise
Dompalma

Dzimšanas datums
Date of birth

12.02.1992.
dd.mm.yyyy

ES digitālais Covid-19 sertifikāts

EU Digital COVID Certificate



Latvijas Republika

Republic of Latvia

www.covid19sertifikats.lv

This certificate is not a travel document. The scientific evidence on COVID-19 vaccination, testing and recovery continues to evolve, also in view of new variants of concern of the virus. Before travelling, please check the applicable public health measures and related restrictions applied at the point of destination.

Sis sertifikāts nav ceļošanas dokumenti. Zinātnes atziņas par Covid-19 vakcināciju, testēšanu un pārlimošanu turpina mainīties, tostarp jaunu draudīgu vīrusa variantu dēļ. Pirms došanās ceļā, lūdz, iepazīstīties ar spēkā esošajiem sabiedrības veselības aizsardzības pasākumiem un ar tiem saistītajiem ierobežojumiem, ko piemēro galamērķa valstī.

National Health Service

Nacionālais veselības dienests



Pārlimošanas sertifikāts Certificate of Recovery

Testa objekts

Slimība vai ierosinājais, ko persona ir
pārlimojusi

Disease or agent the person has recovered from

10.04.2021.
(dd.mm.yyyy)

Pirmā pozitīva MAAT testa datums
Date of the first positive MAAT test result

Latvijas Republika

Testēšanas dalībvalsts
Member State of test

Nacionālais veselības dienests
National Health Service

Sertifikāta izdevējs
Certificate issuer

10.04.2021.
(dd.mm.yyyy)

Laiks, no kura sertifikāts ir derīgs
Certificate valid from

10.04.2021.
(dd.mm.yyyy)

Laiks, līdz kuram sertifikāts ir derīgs
Certificate valid until

Testa objekts

Sertifikāta unikālais identifikators
Unique certificate identifier



Sertifikāta unikālais identifikators
Unique certificate identifier
123456789012

ES digitālais Covid-19 sertifikāts

EU Digital COVID Certificate



Uzvārds(-i) un vārds(-i)
Surname(s) and forename(s) **Linuža Beisore - Elizabete Alise Dornpalma**

Dzimšanas datums
Date of birth **12.02.1992.**

Latvijas Republika
Republic of Latvia

www.covid19sertifikats.lv

This certificate is not a travel document. The scientific evidence on COVID-19 vaccination, testing and recovery continues to evolve, also in view of new variants of concern of the virus. Before traveling, please check the applicable public health measures and related restrictions applied at the point of destination.

Sis sertifikāts nav ceļošanas dokumenti. Zinātnes atziņas par Covid-19 vakcināciju, testēšanu un pārlimošanu turpina mainīties, tostarp jaunu draudīgu vīrusa variantu dēļ. Pirms došanās ceļā, lūdz, iepazīties ar spēkā esošajiem sabiedrības veselības atzardzības pasākumiem un ar tērmaisītajiem ierobežojumiem, ko piemēro galamērķa vietā.

Vakcinācijas sertifikāts
Vaccination Certificate

Testa objekts: Mēģa slimība vai ierosinātais
Disease or agent targeted

Testa objekts: Vakcīna/profilakse
Vaccine/prophylaxis

Testa objekts: Vakcīna (zāles)
Vaccine medicinal product

Testa objekts: Vakcīnas štruktūras atļaujas turētājs vai ražotājs
Vaccine marketing authorization holder or manufacturer

Testa objekts: Kopējais vakcīnu/dēvu skaits sērijā un
Nimurs pēc kārtas vakcīnu/dēvu sērijā un
Number in a series of vaccinations/doses and the
total number of vaccinations/doses in the series

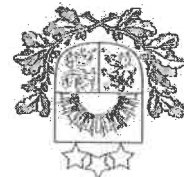
Testa objekts: Vakcinācijas datums (norāda datumu, kad
saņemta katra un pēdējā dēva)
Date of vaccination (date of each dose received
and of the latest dose received)

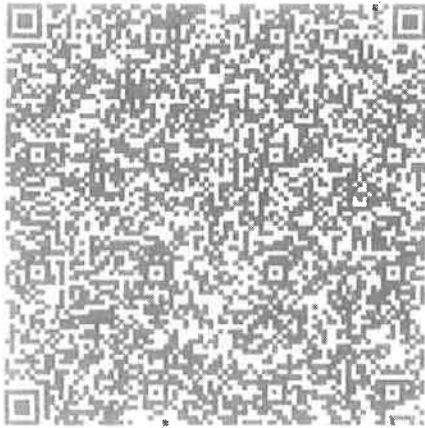
Testa objekts: Latvijas Republika
Member State of vaccination
Vakcinācijas dalībvalsts

Testa objekts: Nacionālais veselības dienests
Certificate issuer
Sertifikāta izdevējs

Testa objekts: Nacionālais veselības dienests
National Health Service
Sertifikāta unikālais identifikators
Unique certificate identifier

Nacionālais veselības dienests
National Health Service





Republik Österreich



EU Digital COVID Certificate

Zertifikatsaussteller:
Bundesministerium für Soziales, Gesundheit,
Pflege und Konsumentenschutz

Certificate issuer:
*Federal Ministry of Social Affairs, Health,
Care and Consumer Protection*

Eindeutige Zertifikatskennung | Unique certificate identifier:
URN:UVCI:DL:AT:7B25LPEJIODKFGKPOYCO877YZ#W

GENESUNGSZERTIFIKAT | CERTIFICATE OF RECOVERY

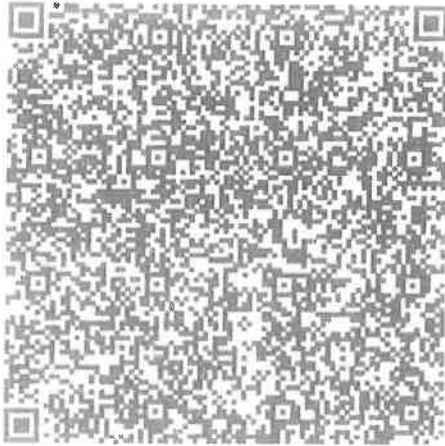
Nachname(n), Vorname(n) Surname(s), Forename(s)	Mustermann, Max
Geburtsdatum (JJJJ-MM-TT) Date of birth (yyyy-mm-dd)	1940-01-01
Zielkrankheit oder -erreger Disease or agent targeted	COVID-19
Erstes positives NAAT-Testergebnis (JJJJ-MM-TT) First positive NAAT test result (yyyy-mm-dd)	2021-04-26
Zertifikat gültig ab (JJJJ-MM-TT) Certificate valid from (yyyy-mm-dd)	2021-05-25
Zertifikat gültig bis (JJJJ-MM-TT) Certificate valid until (yyyy-mm-dd)	2021-10-26
Mitgliedstaat oder Drittstaat Member State or third country	Österreich Austria

Dieses Zertifikat ist ausschließlich von der adressierten Person für die in den jeweiligen Verordnungen festgelegten Zwecke zu verwenden. Eine missbräuchliche Verwendung oder Verfälschung des Zertifikats kann strafrechtliche Konsequenzen nach sich ziehen.

This certificate is to be used exclusively by the addressed person for the purposes specified in the respective regulations. Misuse or falsification of the certificate may result in criminal prosecution.

Dieses Zertifikat ist kein Reisedokument. Die wissenschaftlichen Erkenntnisse über COVID-19-Impfungen und -Tests sowie über die Genesung von einer COVID-19-Infektion entwickeln sich ständig weiter, auch im Hinblick auf neue besorgniserregende Virusvarianten. Bitte informieren Sie sich vor der Reise über die am Zielort geltenden Gesundheitsmaßnahmen und damit verbundenen Beschränkungen.

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Republik Österreich 

EU Digital COVID Certificate

Zertifikataussteller:
Bundesministerium für Soziales, Gesundheit,
Pflege und Konsumentenschutz
Certificate issuer:
Federal Ministry of Social Affairs, Health,
Care and Consumer Protection

Eindeutige Zertifikatkennung | Unique certificate identifier:
URN:UVCI:01:AT:BOEBCATY0EHC7AD8D53XNUG4C#0

TESTZERTIFIKAT | TEST CERTIFICATE

Nachname(n), Vorname(n) Surname(s), Forename(s)	Testnachname, Test
Geburtsdatum (JJJJ-MM-TT) Date of birth (yyyy-mm-dd)	1930-05-06
Zielkrankheit oder -erreger Disease or agent targeted	COVID-19
Art des Tests Type of test	PCR-Test auf SARS-CoV-2
Name des Tests und Testhersteller Test name and manufacturer	PCR
Datum/Zeitpunkt der Probenahme (JJJJ-MM-TT hh:mm) Date/time of test sample collection (yyyy-mm-dd hh:mm)	2021-06-15 10:06
Testzentrum oder -einrichtung Test centre or facility	ACV Austria Center
Mitgliedstaat oder Drittstaat Member State or third country	Österreich Austria

Testergebnis | Test result

NICHT NACHGEWIESEN
NOT DETECTED

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