

Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

Ministry of Health
Department of Hygiene and Health Promotion
Mother and Child Health Center
Route 12, Donkoi Village,
Sisattanak District, Vientiane Capital
Tel/ Fax: 021 840 141 or 142



Vientiane Capital, Date:

Certificate of Vaccinations

Director of the MCH Center and the Manager of the National Immunization Program has certified that:

Name and Surname: _____

Sex: _____

Date of birth: _____

Place of birth: _____

Address in Lao: _____ **Village,** _____ **District,** _____ **Province**

Passport number: _____ **Date of issuance:** _____

Phone Number: _____

From Laos to Country _____

• **Attachment:**

Copy Passport	01	Unit
Copy Vaccination Card	01	Unit (Front and Back)
Copy Flight Tickets (If you have)	01	Unit

• **ເອກະສານຄັດຕິດ**

ກ້ອນປີ້ Passport	01	ສະບັບ
ກ້ອນປີ້ຂັດສັກຢາ (ໜ້າ - ຫຼັງ)	01	ສະບັບ
ກ້ອນປີ້ຖ້ຽວບິນ (ຖ້ຳມີ)	01	ສະບັບ

❖ ເປີດຍື່ນເອກະສານ ເວລາ 8:30-11:30 (ວັນຈັນ-ພະຫັດ)

❖ Open for submit Document at time 8:30-11:30 (Mon-Thu)