



Hey guys!

When uploading your
profile picture image,
immunization card
and **proof of ID** we
recommend the images be
taken /scanned in the angle
and format as illustrated in the
following slides:

SWIPE LEFT



PROFILE PICTURE

(Passport size - PNG, JPEG)

FACIAL RECOGNITION EASY TO IDENTIFY AND VERIFY

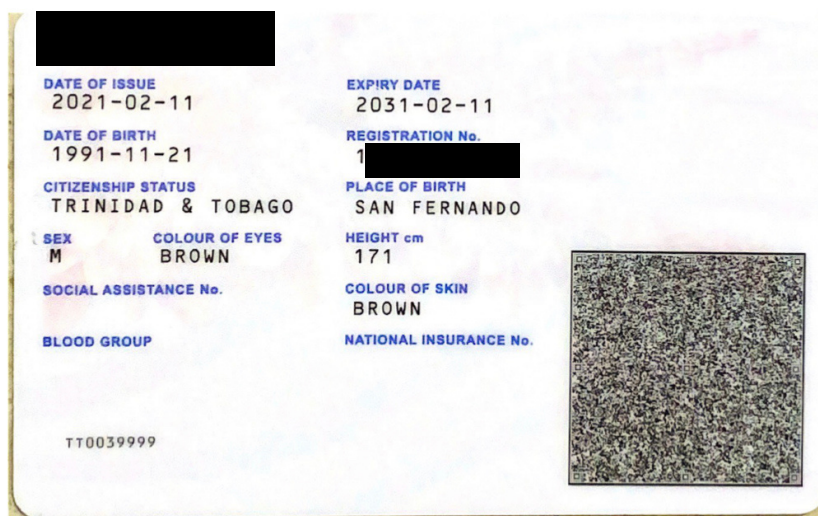


VAXX PASS

GOVERNMENT ISSUED ID (PNG, JPEG)



**CROPPED NEATLY,
STRAIGHT, VISIBLE
AND READABLE**



**ALL INFORMATION,
SIGNATURES AND
DEMARKATIONS
PROPERLY VISIBLE**

MINISTRY OF HEALTH COVID-19 IMMUNIZATION CARD (PNG, JPEG)

PART ONE

SCHEDULE OF IMMUNIZATION		
AGE	DOSE	VACCINE
Paediatric Immunizations		
Birth*	Birth Dose	Hepatitis B
2 Mths	1st	DPT/Hep B/Hib, Pneumococcal, IPV
4 Mths	2nd	DPT/Hep B/Hib, Pneumococcal, IPV
6 Mths	3rd	DPT/Hep B/Hib, Pneumococcal, OPV
12 Mths	1st	Measles Mumps Rubella, Yellow Fever
18 Mths*	1st Booster	DPT, OPV, Pneumococcal
2 Years	2nd Booster	Measles Mumps Rubella
4-5 Years	2nd Booster	DPT, OPV
9-12 Years	Booster	Tetanus Diphtheria [Adult]
11-15 Years	1st	Human Papilloma Virus
	2nd	Human Papilloma Virus
Adult Immunizations		
9 Years +	Every 10 years	Tetanus Diphtheria
6 Mths +	Seasonal	Influenza
15-26 Yrs (M)	1st	Human Papilloma Virus
15-45 Yrs (F)	2nd	Human Papilloma Virus
	3rd	Human Papilloma Virus
2 Years +	As Indicated	Pneumococcal 23
2 Years +	As Indicated	Meningococcal
	As Indicated	Rabies
2 Years +	As Indicated	Varicella

2nd Dose - 16th July 2021

PARENTAL CONSENT
I am informed and consent to the immunization of my child and/or myself.
Name:
Parent/Guardian of:
Address:
Signature: Date: 25.06.21

KEEP THIS CARD

This Immunization Card is a lifetime record and Official Document of The Government of the Republic of Trinidad and Tobago. Please keep with other important documents (Birth Certificate, Passport) in a safe, dry place.

IMMUNIZATION RECORD

First Middle Surname
Name:
Address:
Date of Birth: Year Month Day Sex: M/F
Name of Parent/Guardian:
Registered at: DR. TRIVIA RAMNATH
Registration Number: B.Sc. MB.BS
GENERAL PRACTITIONER
THIS CARD IS YOURS FOR LIFE. KEEP IT SAFE!

UPLOAD FIRST SLOT
('FRONT' AS DESCRIBED ON REGISTRATION PAGE)

1ST PAGE WITH YOUR NAME APPEARING AT THE FRONT AND THE LAST PAGE WITH OFFICIAL STAMP AND OFFICIAL SIGNATURE.

DO IT AS ONE SCAN /PICTURE FOR BOTH

MINISTRY OF HEALTH COVID-19 IMMUNIZATION CARD (PNG, JPEG)

PART TWO

AGE	IMMUNIZATIONS	DATE	BATCH NO.	SIGNATURE
At Birth 7 DAYS	● Hep B			
2 MONTHS	● IPV 1			
	● DPT/Hep B/HIB 1			
	● Paed DT 1			
	● Pneumococcal 1			
4 MONTHS	● IPV 2			
	● DPT/Hep B/HIB 2			
	● Paed DT 2			
	● Pneumococcal 2			
6 MONTHS	● OPV 3			
	● DPT/Hep B/HIB 3			
	● Paed DT 3			
	● Pneumococcal 3			
1 YEAR	● MMR 1			
	● YFV			
1 1/2 YEARS	● OPV Booster 1			
	● DPT/Paed Dt Booster 1			
	● Pneumococcal Booster			
2 YEARS	● MMR 2			
4-5 YEARS	● OPV Booster 2			
	● DPT/Paed Dt Booster 2			
11-15 YEARS	● HPV Males & Females (2 Doses)			
	● HPV (3 Doses)			

MMR	DATE	BATCH NO.	SIGNATURE
Hep B			
Yellow Fever			
Adult TD			
Adult Pneumococcal			
Meningococcal			
Varicella			
Rabies			
Influenza			
SINOPHARM 12.05.23 Other	05.06.21	202105 B0867	PM. Raps
SINOPHARM 12/5/23	16/7/21	202105 B0867	Regit

UPLOAD SECOND SLOT

('INSIDE' AS DESCRIBED ON REGISTRATION PAGE)

MIDDLE INNER PAGES WITH YOUR VACCINE DATE, VACCINE DOSE(S), LOT NO, SIGNATURE AND STAMPS (some vaccine cards do not have stamps on this inner page)

DO IT AS ONE SCAN /PICTURE FOR BOTH



VAXX PASS