

PLEASE PRINT!

[Addressed to:] **National Health Service (NHS)**

[By] _____
(name, surname)

_____, _____
(personal ID in Latvia) (date of birth)

(address, where reply will be sent)

(e-mail address)

(phone number)

**APPLICATION
to recognize vaccination performed outside European countries**

Please recognize the vaccination against COVID-19 of _____,
(name, surname)

performed in _____ and facilitate its recording in the electronic
(county)
health information system and the creation of digital COVID-19 certificate.

Information about the vaccinated person (check the applicable):

- citizen of Latvia or non-citizen of Latvia;
- foreigner, who has been granted a permanent residence permit in Latvia;
- foreigner, who is employed in Latvia;
- person, who has received S1 form in another Member State and has registered it with the NHS;
- full-time international students, studying in Latvia;
- employees of foreign diplomatic and consular representative offices, international organizations and their representative offices, who are accredited and residing in Latvia, and their family members.

Attached documents (check the applicable):

- international certificate of vaccination or prophylaxis;
- vaccination record or certificate;
- legalized translation of vaccination record or certificate.

I confirm that I have included the original of the document confirming the vaccination.

(date)

(signature)