

Allegato 1

Certificato di vaccinazione 1/2

SM Digital COVID Certificate

SM Certificat COVID Numérique



Repubblica di San Marino
République de Saint-Marín
Republic of San Marino

Pag. 1

Certificato di Vaccinazione Vaccination Certificate

Malattia o agente bersaglio: COVID-19
disease or agent targeted: COVID-19;

Tipo di Vaccino
vaccine/prophylaxis;

Prodotto medico vaccinale
(denominazione del vaccino)
vaccine medicinal product;

Produttore o titolare dell'autorizzazione
all'immissione in commercio del vaccino
*vaccine marketing authorization holder
or manufacturer;*

Numero della dose effettuata e numero totale
di dosi previste per l'intestatario del certificato
*number in a series of vaccinations/doses and
the overall number of doses in the series;*

Data dell'ultima somministrazione effettuata;
*date of vaccination, indicating the date of the
latest dose received;*

Stato di vaccinazione
State of vaccination;

Struttura che detiene il certificato
certificate issuer;

Pag. 2



San Marino

Other Information

Issued by the San Marino Social Security Institute.
The Universal QRCode has been issued in compliance with the Decreto Legge _____.
It can be used as alternative to the EU QRCode in countries that do not adhere to the European Regulation of the Digital Covid19 Certificate.

Universal QRCode



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.

Relevant information can be found here:

<https://www.smdcc.sm>

Pag. 3

EU QR CODE



Surname(s) and Forename(s)

Cognome e Nome

XXXXXXXX XXXXXXXX

Date of Birth (YYYY-MM-DD)

Data di Nascita (AAAA-MM-GG)

XXXX-XX-XX

Unique Certificate Identifier

Identificativo Univoco Certificato

V1/SM/123456789

Pag. 4

Name	John Doe
Date of Birth	1987-06-05
Document Type	Passport
N. of Document	45FD44

SM Digital COVID Certificate

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Repubblica di San Marino
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Certificato di Guarigione Certificate of Recovery

Malattia o agente bersaglio che
ha colpito il cittadino:
*disease or agent from which the
holder has recovered:*

Data del primo test positivo
date of first positive test result;

Stato in cui è stata certificata
l'avvenuta guarigione
State where the test take place;

Struttura che ha rilasciato il certificato
certificate issuer;

Validità del certificato dal ... al...
certificate valid from... until...;



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Pag. 1

Certificato di Test Tampone Swab Test Certificate

Malattia o agente bersaglio: COVID-19
Disease or agent targeted: COVID-19;

Tipologia di test effettuato
the type of test;

Nome del test
test name;

Produttore del test
test manufacturer;

Data e orario della raccolta del campione del test
date and time of the test sample collection;

Data e orario del risultato del test
date and time of the test result production;

Risultato del test
result of the test;

Centro o struttura in cui è stato effettuato il test
testing center or facility;

Stato in cui è effettuato il test
State where the test take place;

Struttura che detiene il certificato
certificate issuer;

Pag. 2



San Marino

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Pag. 3

EU QR CODE



Surname(s) and Forename(s)

Cognome e Nome

XXXXXXXX XXXXXXXX

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Data di Nascita (AAAA-MM-GG)

XXXX-XX-XX

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Certificato di Test Anticorpale Antibody Test Certificate

Malattia o agente bersaglio: COVID-19
Disease or agent targeted: COVID-19;

Tipologia di test effettuato
the type of test;

Nome del test
test name;

Produttore del test
test manufacturer;

Data e orario della raccolta del campione del test
date and time of the test sample collection;

Data e orario del risultato del test
date and time of the test result production;

Risultato del test
result of the test;

Centro o struttura in cui è stato effettuato il test
testing center or facility;

Stato in cui è effettuato il test
State where the test take place;

Struttura che detiene il certificato
certificate issuer;

Certificato di test anticorpale 2/2



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