[Addressed to:] National Health Service (NHS)

(signature)

	[By]				
					(name, surname)
		(personal ID in Latvia)	,	(date of birth)	
				(address, when	re reply will be sent)
					(e-mail address)
					(phone number)
	to recognize vacci	APPLICATIOn performed		pean countrie	es
	C .	-			
P1	ease recognize the vac	cination against COVII	D- 19 of		,
	_	_		(name, surname)	
performed	(county)	and	d facilitate its rec	ording in the ele	ectronic
		he creation of digital C	OVID-19 certifi	cate.	
In	formation about the va	accinated person (check the	e applicable):		
☐ citize	n of Latvia or non-citi	zen of Latvia;			
☐ foreig	ner, who has been gra	anted a permanent resid	lence permit in L	.atvia;	
☐ foreig	ner, who is employed	in Latvia;			
☐ perso	n, who has received S	1 form in another Mem	ber State and has	registered it wi	th the NHS;
☐ full-t	me international stude	ents, studying in Latvia	;		
organ	•	liplomatic and consuresentative offices, who	-	•	
At	tached documents (chec	k the applicable):			
		accination or prophyla	xis;		
□ vacci	nation record or certif	icate;			
☐ legali	zed translation of vacc	cination record or certif	ficate.		
Ιc	onfirm that I have inc	luded the original of the	e document conf	iming the vaccin	nation.
	(14)				
	(date)				