

You have received



**Vaxzevria™**

COVID-19 Vaccine  
(ChAdOx1-S [recombinant])

During the initial pandemic stage,  
Vaxzevria™ may also be distributed  
with the packaging named  
COVID-19 Vaccine AstraZeneca

Please bring this card to your  
next appointment and keep it  
safe for future reference.

For more information on  
the AstraZeneca vaccine,  
visit **[www.azcovid-19.com](http://www.azcovid-19.com)**  
or scan this code



AstraZeneca 

Please fill in the information below:

Vaccine recipient:

1st dose date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Batch no:

**Second appointment date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2nd dose date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Batch no:

If you have any concerns about side effects  
**talk to your doctor or healthcare professionals.**

Please report adverse events via **[www.azcovid-19.com](http://www.azcovid-19.com)**