



Vaccine Declaration COVID-19

You must keep this declaration with you for verification purposes during the visa application process, throughout your journey and on arrival.

You must be able to show this declaration when boarding an aircraft, vessel, international train or international coach, or at the request of airport staff or the designated authority, including a medical authority. If you cannot, you may be prohibited from boarding or be denied entry into the Netherlands.

The information you provide may be used by the competent public health authority in accordance with Dutch law and in the context of the public health response to COVID-19. This declaration must be completed by all travellers aged 12 and over from outside the Schengen area. Children under the age of 18 travelling with their vaccinated parent(s) or legal guardian(s) are exempt from this requirement, but they must show [a negative COVID-19 test result](#). There are some exceptions to the health requirements; see [Coronavirus COVID-19 | Government.nl](#).

1 Personal data

1.1 Name

1.2 Nationality

2 Vaccine information

2.1 Vaccine COVID-19 (SARS-CoV-2) approved by EMA/WHO Yes No

2.2 Type of Vaccine

<input type="checkbox"/> Pfizer/BioNTech (Comirnaty)	<input type="checkbox"/> Astrazeneca-SK Bio (Vaxzevria)	<input type="checkbox"/> Serum Institute of India (Covishield)
<input type="checkbox"/> Astra Zeneca EU (Vaxzevria)	<input type="checkbox"/> Johnson & Johnson (COVID-19 Vaccine Janssen)	
<input type="checkbox"/> Moderna (Spikevax)	<input type="checkbox"/> Sinopharm BIBP	<input type="checkbox"/> Sinovac
<input type="checkbox"/> Astra Zeneca - Japan (Vaxzevria)	<input type="checkbox"/> Astra Zeneca - Australia (Vaxzevria)	
<input type="checkbox"/> Astra Zeneca - Thailand (Siam Bioscience Co., Ltd)	<input type="checkbox"/> COVAXIN (Bharat BioTech International Ltd)	
<input type="checkbox"/> Pfizer-BioNTech COVID-19 Vaccine - United States of America	<input type="checkbox"/> Nuvaxovid (Novavax)	

2.3 Type of Dose Vaccine

<input type="checkbox"/> having received the second dose in a 2-dose series at least 14 days ago	<input type="checkbox"/> having received a single-dose vaccine at least 28 days ago
<input type="checkbox"/> having received a single dose of a 2-dose vaccine at least 14 days ago after having previously been infected with SARS-CoV-2.	

2.4 More than 270 days have passed since the last vaccination dose Yes No

2.5 Booster Yes No

2.6 Type of Booster

<input type="checkbox"/> Pfizer/BioNTech (Comirnaty)	<input type="checkbox"/> Astrazeneca-SK Bio (Vaxzevria)	<input type="checkbox"/> Serum Institute of India (Covishield)
<input type="checkbox"/> Astra Zeneca EU (Vaxzevria)	<input type="checkbox"/> Johnson & Johnson (COVID-19 Vaccine Janssen)	
<input type="checkbox"/> Moderna (Spikevax)	<input type="checkbox"/> Sinopharm BIBP	<input type="checkbox"/> Sinovac
<input type="checkbox"/> Astra Zeneca - Japan (Vaxzevria)	<input type="checkbox"/> Astra Zeneca - Australia (Vaxzevria)	
<input type="checkbox"/> Astra Zeneca - Thailand (Siam Bioscience Co., Ltd)	<input type="checkbox"/> COVAXIN (Bharat BioTech International Ltd)	
<input type="checkbox"/> Pfizer-BioNTech COVID-19 Vaccine - United States of America	<input type="checkbox"/> Nuvaxovid (Novavax)	

3 Signature

3.1 Date

day month year

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3.2 Signature

I declare under penalty of forgery that the foregoing is true and correct.

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