**Required information for ADAPASS registration**

NAME SURNAME (As it appears on your ID/Passport):

DATE OF BIRTH:

IDENTIFICATION NUMBER (for TR/TRNC citizens):

PASSPORT NUMBER:

FOREIGN IDENTIFICATION NUMBER:

NATIONALITY:

VACCINE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
|  | Vaccine Type | Date | Country of administration |
| 1st dose |  |  |  |
| 2nd dose |  |  |  |
| 3rd dose |  |  |  |
| 4th dose |  |  |  |

In addition to the above information, you are expected to attach a photo of your vaccination card (including all of the vaccines you stated above) as an attachment to the email.