

Application for an EU COVID certificate for COVID-19 vaccinations administered abroad

According to the EU Regulation on digital COVID-19 certificates, Member States must issue an EU COVID vaccination certificate for vaccinations administered in a Member State. Under the Regulation, Member States may also issue EU COVID vaccination certificates for vaccines administered in third countries upon request. A certificate may be issued for vaccine products for which either the European Commission or the Member State's own marketing authorisation authority has granted a marketing authorisation or which have been approved for emergency use by the World Health Organisation (WHO).

Each State determines in its own national legislation the type of COVID certificates it requires and the purposes for which they are intended. However, if EU Member States require COVID certificates, they must accept the corresponding EU COVID certificate, which can be either a certificate of vaccination, a certificate of a negative test result or a certificate of having recovered from COVID-19.

In principle, the COVID vaccination certificate is obtained from the state in which the vaccination was administered. However, a person who has been vaccinated in a third country may need to have the COVID vaccination certificate issued by a third country converted into an EU COVID vaccination certificate in order to benefit from the rights of digital EU COVID vaccination certificates.

Section 22 of the Health Care Act (1326 / 2010)

Section 49 of the Local Government Act (410 / 2015)

Circular of the Ministry of Social Affairs and Health 13 October 2021

Personal data (please fill in all sections so that we can process the application)

First names:

Surname (including previous surnames):

Personal identity code (or date of birth if the applicant does not have a Finnish personal identity code):

Gender:

Name and telephone number of guardian / legal guardian:

Contact details (please fill in all sections so that we can process the application)

Postal address, postal code and city:

Telephone number:

Email address:

Information on the 1st COVID-19 vaccine (attach a certificate of the COVID-19 vaccine you received)

Vaccination date:

Vaccine name:

Country where vaccine was administered:

Information on the 2nd COVID-19 vaccine (attach a certificate of the COVID-19 vaccine you received)

Vaccination date:

Vaccine name:

Country where vaccine was administered:

Information on the 3rd COVID-19 vaccine (attach a certificate of the COVID-19 vaccine you received)

Vaccination date:

Vaccine name:

Country where vaccine was administered:

| |
|---------------------------------------|
| Estimated residence in Finland |
|---------------------------------------|

| |
|--|
| Delivery method |
| <input type="checkbox"/> I want a paper certificate by post (4 working days after the case has been processed) |
| <input type="checkbox"/> I will print the certificate myself from My Kanta |

| |
|--|
| Date, signature and name in block letters |
|--|

| |
|--|
| Form delivery address |
| Siun sote patient record archive, Tikkamäentie 16, E/K., 80210 Joensuu |

Handler entries (to be filled in by the recipient)

| | |
|----------------|-----------------------------------|
| Arrived | Mediatri's decision number |
|----------------|-----------------------------------|