

Name:	:
Surname :	:
Sex:	:
Birth Date(mm-dd-yyyy):	:
Passport Number:	:

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER AND
MENINGITIS**

Vaccine	Date	Date	Manufacturer and batch no of vaccine	Official stamp of vaccinating Center
Yellow Fever				
Meningitis AC				
Meningitis ACYW				

This certificate is valid only if the vaccine used has been approved by world Health Organization and if the vaccinating center has been designated by the health administration for the territory in which that center is situated.

The validity of this certificate for yellow fever shall extend for period of ten years, and for meningitis shall extend for period of two years, beginning ten days after the date of vaccination or, in the event a revaccination within such period from the date of that revaccination .

This certificate must be signed in his own hand by a medical practitioner or other person authorized by the national health administration; an official stamp is not an accepted substitute for a signature Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Immunization Record

Vaccine	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Not age appropriate	Insufficient time interval	Contra - indicated	Not routinely available
DT/DTP								
Td								
Opv								
Measles								
MMR								
Rubella(MR)								
Hapatitis B								
Hib(haemophilus influenzae type b)								
Varicella								
Pneumococcal								
influenza								

Panel physician(name)
Date(mm/dd/yyyy)

Panel physician(signature)
Official stamp of
Vaccinating center