

17

B-152129

**Certificate of
Prophylaxis**

International Health Regulations (2005)

**Certificat international de
vaccination ou de prophylaxie**

Règlement sanitaire international (2005)



Issued to / Délivré à

PARISMAN


Passport number or travel document number
Numéro du passeport ou du document de voyage

A 7190852

INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] PARISMAN
 date of birth 15.12.1979 sex MALE
 nationality INA
 national identification document if applicable
 whose signature follows
 has on the date indicated been vaccinated or received prophylaxis
 against: (name of disease or condition)

in accordance with the International Health Regulations.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date Date	Signature and professional status of supervising clinician Signature et titre du clinicien responsable
1. YELLOW FEVER VACCINE	<u>21/2017</u> <u>02</u>	 Dr. I NYOMAN PUTRA, M. Kes. PORT MEDICAL OFFICER
2.		
3.		

*Requirements for validity of certificate on page 2.

CERTIFICAT* INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom]
 ne(c) le de sexe
 et de nationalite
 document d'identification national, le cas echeant
 dont la signature suit
 a ete vaccine (e) ou a reçu des agents prophylactiques a la date
 indiquee contre: (nom de la maladie ou de l'affection)

conformement au Reglement sanitaire international.

Manufacturer and batch no. of vaccine of prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numero du lot	Certificate valid from: until: Certificat valable a partir du : jusqu'au :	Official stamp of the administering centre Cachet officiel du centre habilite
Stemart Sanofi Pasteur Batch <u>6-9304/02</u>	<u>21/2027</u>	

*Voir les conditions de validite a la page 3.