

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that EDWIN A. REALCO date of birth 1962 sex M
 nationality PHILIPPINE national identification document if applicable _____
 whose signature follows [Signature]
 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	Date	Signature and professional status of supervising clinician	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from..... Until.....	Official stamp of administering centre
1. YELLOW FEVER	12 APR 2011	CARLOS B. DELA REYNA, JR. MD Quarantine Medical Officer Lic. No. 99819	SANABIL PASTEUR France DT# G5314-1	APR. 2021	
2. INFLUENZA	2011-2015 5/30/2015	Folse Pharmacy DAVID C. BARKER R.Ph		Folse Pharmacy, Inc. 4000 Fourth Street Marrero, LA 70072	
3.					

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.