


INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that RICARTE E. RIVERA date of birth 07 FEB 1974 sex M
 nationality FILIPINO national identification document, if applicable NOT APPLICABLE
 whose signature follows ✓

has on the date indicated been vaccinated or received prophylaxis against:
 (name of disease or condition) YELLOW FEVER

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	26 NOV 2015	SAMMY G. MANIEGO, MD DFM Medical Officer IV Lic. # 11092 BOQ-DOH	CHUMAKOV IPVE RUSSIA ACAD. MED Lot # 736	06 DEC 2015 25 NOV 2025	 MANILA PHILIPPINES
2.		*** NOTHING FOLLOWS ***			
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.