

## OTHER VACCINATIONS / AUTRES VACCINATIONS

Date	Nature of vaccine Genre de vaccin	Dose	Physician's signature Signature du médecin	Dr. Filip MOERMAN Tropisch Instituut Antwerpen RIZIV 1/34436/06/002 Tel. 03/247 64 65
24/11/04	Twinrix (Anti-HAV/HBV)	1		
20/12/04	Twinrix A			
12/4/05	Twinrix A			
17.06.2005	TYPHIM VI			
17.06.2005	Japanese Encephalitis Virus Vaccine 1ml	1		Dr. DELGADILLO R. 1-16935-47-004
01 JULI 2005	Japanese Encephalitis	2		
05 JULI 2005	Japanese Encephalitis	3		
01 JULI 2005	Revaxis			Dr. E. HERTENS Travel Clinic Institute of Tropical Medicine R.I.Z.I.V. 1.08877.54.003
01 JULI 2005	FSMC Imm	1		Dr. E. HERTENS Travel Clinic Institute of Tropical Medicine R.I.Z.I.V. 1.08877.54.003
15 JULI 2005	FSMC Imm	2		Dr. COLYN INSTITUT PASTEUR Rue Engeland 642 1180 Bruxelles OM 1 270 234 70 04
14/7/05	HDEV Rabies	1ml		
22/7/05	"	1 ml		
11 AUG. 2005	HDEV Rabies	1ml		

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Date	Nature of vaccine Genre de vaccin	Dose	Physician's signature Signature du médecin	Dr. DELGADILLO R. 1-16935-47-004
17.06.2005	Japanese Encephalitis Virus Vaccine 1ml	1		
01 JULI 2005	Japanese Encephalitis	2		
05 JULI 2005	Japanese Encephalitis	3		
17.06.2005	TWINRIX ADULTO	1		Dr. DELGADILLO R. 1-16935-47-004
01 JULI 2005	2005 Immune adulte	2		
11 AUG. 2005	Fengce 2.1.2	3		Dr. E. HERTENS Travel Clinic Institute of Tropical Medicine R.I.Z.I.V. 1.08877.54.003
01 JULI 2005	Revaxis			Dr. E. HERTENS Travel Clinic Institute of Tropical Medicine R.I.Z.I.V. 1.08877.54.003
01 JULI 2005	Typhim VI			Dr. COLYN INSTITUT PASTEUR Rue Engeland 642 1180 Bruxelles OM 1 270 234 70 04
01 JULI 2005	FSMC Imm	1		
15 JULI 2005	FSMC Imm	2		
14/7/05	HDEV Rabies	1ml		
22/7/05	"	(2) 2ml		
11 AUG. 2005	HDEV Rabies	(3) 1ml		