Your child must meet South	Dakota's	immunization requirements	to	be
enrolled in school. Retain this	documen	it as proof of immunization.		

NAME _ Sess		
NAME SC331	ea ur	sice

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NAMES	essica	Druce	
William		Proside	

3-1-89

BIRTHDATE

ALLERGIES

### IMMUNIZATION RECORD

### IMMUNIZATION SCHEDULES

MMM Ord DTP, Total And DTP, Total An	Children Not	Schedule for	ակչ լոքոոշչ	3 ni besinummi	ended Schedule ormal Infants	for No
MMM one of the control of the contro		First Visit		First Visit		.om s 4 mo.
A-6 yrs. DTP, TOPY 2nd visit DTP, TOPY 2nd visit Td, TOPY 2nd visit or at every 10 years 510 years 10	VQOT ,bT		V9OT,9T0	tisiv tet		
Optional Continue	Td, repeat	fisiv bnS	VAOT, 9TO	2nd visit 6-12 mo. after 3rd visit or at school entry Age 14-16 yrs.	VQOT, qTQ Td; repeat tevery	.eny 81-31 4-6 yrs. 14-16 yrs. IsnoitqO*
		Children Not Immunized S AND OLDER Td, TOPV, MMR Td, TOPV Td, TOPV Td, TOPV	Schedule for Children Not Previously Immunized  AGES 7 YEARS AND OLDER  First Visit  2 mo. after 1st visit 1st visit 1st visit Td, TOPV, Autor Td, TOPV Topvisit Td, TOPV Thereafter Td, TOPV	Previously immunized  15 - 6 YEARS  DTP, TOPV,  DTP, TOPV,  DTP, TOPV  Addes 7 YEARS AND OLDER  Previous 1 To, TOPV,  S mo. after  Ad, TOPV,  S mo. after  Ad, TOPV,  Addes 1 To, TOPV,  Addes 1 To, TOPV,  Addes 2 To, TOPV,  Addes 3 To, TOPV,  Addes 4 To, TOPV,  Addes 5 To, TOPV,  Addes 5 To, TOPV,  Addes 6 To, TOPV,  Thereafter  To, TOPV  Thereafter  To, TOPV  To,	Schedule for Children Not Freylously Immunized in Early Infancy  AGES 15 MONTHS - 6 YEARS  AGES 7 YEARS AND OLDER  AGES 7 YEARS AND OLDER  Previously Infancy  Previously Infancy  Previously Infancy  AGES 7 YEARS AND OLDER  AGES 7 YEARS AND OLDER	DTP, TOPY  MMR  DTP, TOPY  Total repeat  OTP, TOPY  A GES 15 MONTHS - 6 YEARS  A MONTHS - 6 YEARS  A GES 17 YEARS AND OLDER  A GES 17 YEARS AND OLDER  A GES 17 YEARS AND OLDER  A MAR  A MA

(SD Dept. of Health, 5-82)

Age intervals may be changed by your doctor to meet your child's needs.

#### OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED Autres vaccinations/prophylaxies reques

This space is provided to record immunizations/prophylaxis that are not required for entrance into any country but have been obtained by the traveler for additional health protection (immune globulin, malaria, measles, etc.)

Date	Vaccine/prophylactic drug Vaccin/médicament prophylactique	Dose	Physician's signature Signature du médecin
AKE	Hepatitis A	0.5ml IM	Steven C. Stocks, 100 Clo

# How to Complete Your International Certificate of Vaccination

- Enter your name and address on the cover of the booklet before presenting it to your physician.
- At the beginning of the Yellow Fever Certificate, printyour name on the first line, sign your name on the second line, indicate your sex, and indicate your date of birth in the following sequence: day, month, year. Example: 5 June 1956.
   It is your responsibility to have the Yellow Fever Certificate validated with an "approved stamp." THE YELLOW FEVER CERTIFICATE IS NOT VALID WITHOUT AN "APPROVED STAMP."

## INSTRUCTIONS TO PHYSICIANS

INFORMATION REQUESTED IN EACH SECTION MUST BE COMPLETED FOR THE SECTION TO BE VALID.

The dates are to be written with the day in arabic numerals, followed by the month in

- letters and the year in arabic numerals.

  Example: 2 Jan. 1982.

  2. Vaccinations may be given by a licensed physician or under the direct supervision of a qualified medical practitioner. The WRITTEN signature of the physician or other person authorized by the physician must appear on the Certificate. A signature stamp is not
- If yellow fever immunization is required for your patient but is contraindicated on medical grounds, you should complete the "Medical Contraindication to Vaccination" statement indicating the nature of the contraindication.
   It is strongly recommended that persons traveling abroad and those entering the United States be immune from measles by prior disease or vaccination.
- United States be immune from measies by prior disease or vaccination.

  5. There is a risk of acquiring MALARIA when traveling to parts of the Caribbean Central and South America, Africa, the Middle East, the Indian subcontinent, the Far East, and Oceania. For information on malaria prophylaxis, areas where malaria transmission occurs, recommended prophylactic drug regimens, and on preparing patients for international travel, contact your local or State Health Department or call the CDC's toll-free information service at 1-888-232-3228.

VACCIN	IE.	DATE GIVEN	DOCTOR OR CLINIC	MEDICAL NOTES [Mfg. & lot #]	DATE NEXT DUE
	1	6-7-89	WRONG		
Vaccine	2	10-4-89	BHFP PAS.		
TOPV Oral Polio	3		wrest		
Trivalent Oral Pollo Vaccine	4	3/21/94	WRDOH		
-	5			optional	
8	1	6-7-89	WRINC		
, Pertuss	2	10-4-89	BHFP Ju Detwike PAC		
DTP/Td Diphtheria, Tetanus, Pertussis	3		WRCHC -		
phtheria	4	11-290	WRCHC		
ā	5	3/21/94	WROOH		
MEAS		11/	1 # 2	199	
RUBE	LLA	12/	WROOH 3/21/		
MUN	1PS	190			
f	pp	3/21/94	WROOH		
		PRE	SENT THIS RECORD AT EA	CH VISIT	

### INTERNATIONAL CERTIFICATE OF VACCINATION

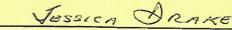
AS APPROVED BY

THE WORLD HEALTH ORGANIZATION

### CERTIFICAT INTERNATIONAL DE VACCINATION

APPROUVÉ PAR

L'ORGANISATION MONDIALE DE LA SANTE



TRAVELER'S NAME-NOM DU VOYAGEUR

ADDRESS-ADRESSE (Number-Numéro) (Street-Rue)

(City-Ville)

(County-Departement)

(State-État)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

PHS-731 (REV. 08-02)