

# I. INTERNATIONAL CERTIFICATES OF VACCINATION

AS APPROVED BY  
THE WORLD HEALTH ORGANIZATION

(EXCEPT FOR ADDRESS OF VACCINATOR)  
CERTIFICATS INTERNATIONAUX DE VACCINATION  
APPROUVÉS PAR  
L'ORGANISATION MONDIALE DE LA SANTÉ  
(SAUF L'ADRESSE DU VACCINATUR)

## II. PERSONAL HEALTH HISTORY

TRAVELER'S NAME—Nom du voyageur

GARY ALTON Mathews

ADDRESS  
ADRESSE

(Number—Numéro)

(Street—Rue)

403 QUACKENBOS STREET N.E.

(City—Ville)

Washington 11, D.C.

(County—Département)

(State—État)

U.S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE



PHS-731  
Rev. 6-61

READ CAREFULLY  
INSTRUCTIONS  
Pages 10 and 11

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE**

This is to certify that  
 Je soussigné(e) certifie que  
 whose signature follows  
 dont la signature suit  
 has on the date indicated been vaccinated or revaccinated against smallpox.  
 a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

*GARY ALTON Mathews*  
*Gary A. Mathews*

sex *MALE*  
 sexe *MALE*  
 date of birth *15/MAR/44*  
 né(e) le *15/MAR/44*

Date	Indicate by "X" whether Indiquer par "X" s'il s'agit de	Signature, professional status, and address of vaccinator Signature, qualité professionnelle, et adresse du vaccinateur	Approved stamp Cachet d'authentification
1a.	Primary vaccination performed Primovaccination effectuée } <input type="checkbox"/>		1a.
1b.	Read as successful } <input type="checkbox"/> Prise Unsuccessful } <input type="checkbox"/> Pas de prise		1b.
2. <i>5/Apt/63</i>	<input checked="" type="checkbox"/> Revaccination	<i>[Signature]</i>	2. <div align="center"> OFFICIAL VACCINATION  MARYLAND  19 033 10150  U. S. A. </div> <div align="center"> OFFICIAL VACCINATION  MARYLAND  19 033 10  U. S. A. </div>

3.	<input type="checkbox"/> Revaccination		3.
4.	<input type="checkbox"/> Revaccination		4.
5.	<input type="checkbox"/> Revaccination		5.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of a successful primary vaccination \* or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed.

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

LA VALIDITÉ DE CE CERTIFICAT couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

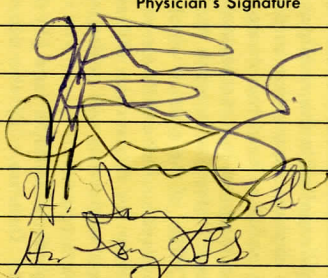
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

\* See page 10, item 2.



II. The information which follows is a record of other immunizations which the traveler has obtained as an additional health protection for international travel. These immunizations are *not* usually required for entrance by any country. Space is also provided for a personal health record in case of illness or accident while traveling abroad.

**OTHER IMMUNIZATIONS (Typhus, Typhoid-Paratyphoid, Plague, Poliomyelitis, Tetanus, etc.)**

Date	Vaccine	Dose	Physician's Signature
5/Sept/63	Tetanus toxoid	0.5 cc	
5/Sept/63	Typhoid-paratyphoid	0.5 cc	
13/Sept/63	" "	" "	
27/Sept/63	" "	" "	
27/Sept/63	Tetanus tox	0.5 cc	