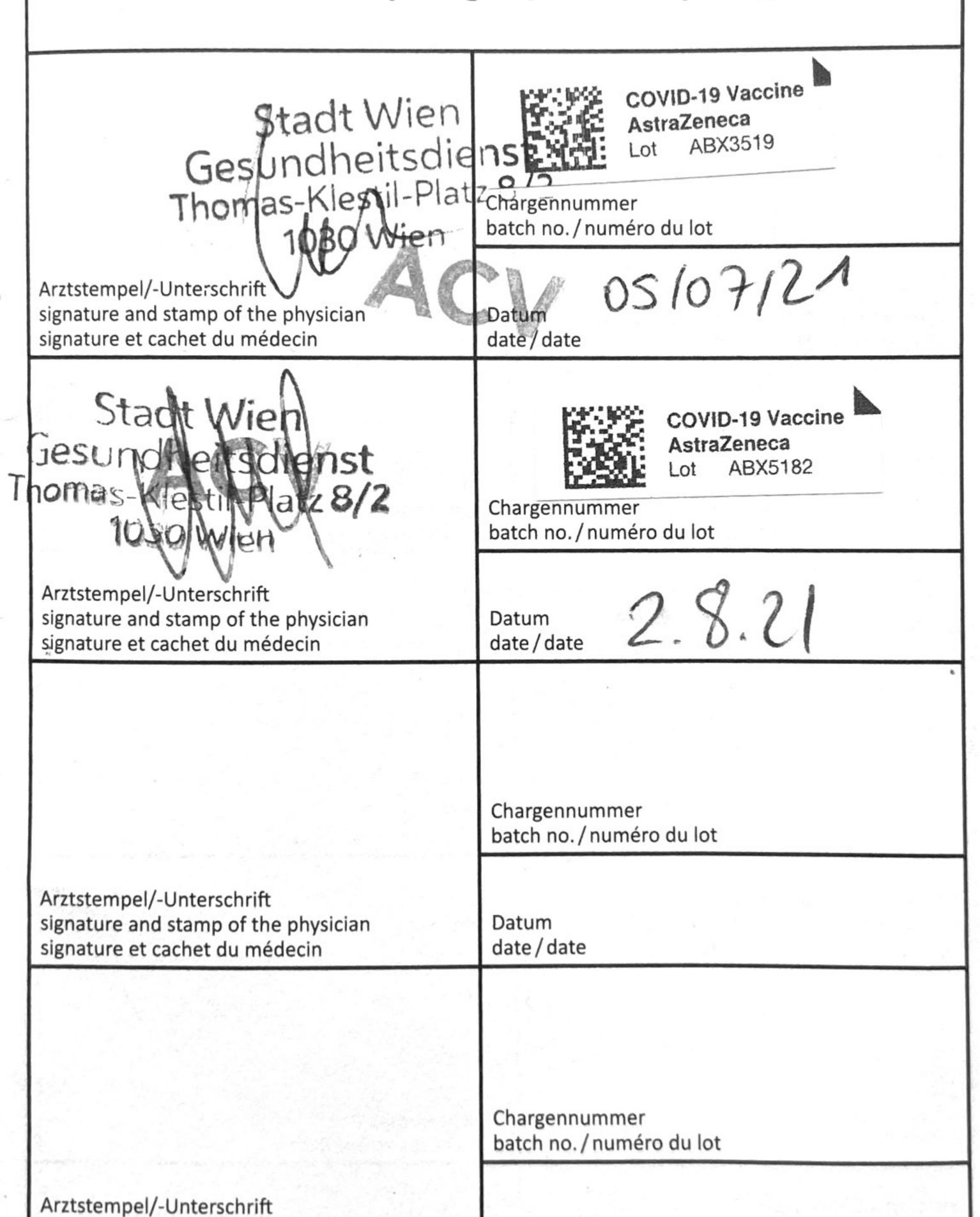
## Indikationsimpfungen / Reiseimpfungen



Datum

date/date

signature and stamp of the physician

signature et cachet du médecin