INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

ALLAN LOU GI GIGATO M This is to certify that Je soussigne' (e) certifie que tate of birth 1983 whose signature follows re' (e) le dont la nignature suit

has on the date indicated been vaccinated or revaccinated against yellow fever. a 'ete' vaccine' (e) ou revaccine' (e) contre is fievre jaune a'la date indiqu'ee.

Tarle .	Digrature and profusional status of vaccinsors	Manufacturer and batch on, of vecco	Official statement
Date	Signature at time the vaccination	Pasterr Vals	tion of the land o
	1 1 May 100	DE DAKA	IR W
80		Lot# 185	4 MANILA
3	Quantity Con Care	Liet# 103	RHILIPEA

This certificate is valid only if the vaccine used less been approved by the World Ledit Organization and if the vaccinating course been designated by the health administration for the torritory in which the course is situated.

The validity of this certificate shall examed for a period of ten years, beginning from days after the date of vaccination or, in the event of a revaccination within such period of ten years from the date of that revaccination.

This certificate must be signed by a medical practitioner in his own hand, his official stamp is not an accepted substitute for the signature.

Any uncodment of the certificate, or musure, or failure t complete any part of k, may render

it invalid.

Ce certificat n' est valeble ue si le vaccin employ'e 'a 'ete approuve par I "Organisation Mondiale de la Sante et si le centre de vaccination a 'ete habilite' par I administration sanitaire du territoire dans lequel ce centre es aitue'.

La validite de ce certificat couvre une peride de dix ans commencant dix jours apre's la date de la vaccination ou, dans le cas d'une revaccination au cours de cette periode de dix ans le jour de cette prevaccination.

de cette revaccination.

Ce certificat doit 'etre signe par un medicin de sa prope main, son cachet official ne pouvant
'etre considere' comme tenant lie de signature.

Toute correction ou nature sur le certificat ou I 'omission d'une quelconque des mentions qu'il comports peur affecter sa validite.

OTHER VACCINATIONS AUTRES VACCINATIONS

Date	Nature of Vaccine	Official Stamp	Physician's Signature