## AGAINST YELLOW FEVER

## CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA PREVIE JAUNE

This is to certify that Je soussigne' (e) certifie que	JOHN PAUL L.	DEDIN W
	5000	HEAG
whose signature follows :	date of ter's	tisti

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

Daos	Signature and posterational status of encolourar Signature or title dis vaccinateur	torch nu, n/yaqcina Fairings de succipa e numble de fin	Vaccine	of Malayana and Ma
08	JUN 2005	DED	Anan	
	AND AND YOU LEAD Officer	Lot#_	1700	MANILA

This certificate is valid only if the vaccine used fan been approved by the World Health Organization and if the vaccinating centre been designated by the bealth administration for that territory in which the centre is situated.

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

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

Any amendment of the certificate, or ensure, or failure t complete any part of it, may render it invalid.

Ce cettificat n' est valable ue si le vaccin employ e "a "ete approuve par I "Organisation. Mondiale de la Sante et si le centre de vaccination n'ete habilité par l'administration sanitaire du territoire dans lequel ce centre es situe".

du retronne unas reques 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 rette revaccination.

de rette revolucionatori.

Ce centificat doit "etre signe par un medicin de sa prope main, son cachet official ne pouvant 
"etre onstidere" comme tenant lie de xignature.

Toute ourrestion ou rature sur le certificat ou l'écuission d'une quelcorque des ménions ou il componte pour affectet sa validite.

## · OTHER VACCINATIONS · AUTRES VACCINATIONS ·

Date	Nature of Vaccine	Dose	Physician's Signature
		9.00	r sederáldás
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