


INTERNATIONAL CERTIFICATE OF

This is to certify that [name] Emeka Oscar K  
 Nationality NIGERIAN  
 Whose signature follows .....  
 against: (name of disease or condition) .....

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
<u>Yellow FEVER</u>	<u>05 MAY 2000</u>	
2.		

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

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VACCINATION OR PROPHYLAXIS

Date of birth 07-05-83, Sex M  
 National identification document, if applicable .....  
 Has on the date indicated been vaccinated or received prophylaxis  
 In accordance with the International Health Regulations.


Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from ..... until .....	Official stamp of administering centre
<u>SANOFF PASTEUR</u> <u>CP249</u>	from <u>2000</u> until <u>2000</u> <u>05 Jul</u>	

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

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

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OTHER VACCINATIONS-AUTRES VACCINATIONS

Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de medecin	Official Signature Function Official	Stamp Carbet
04 Nov 2015	BNO 722m4097 Selen Inst. of m MENINGITIS	0.5ml	<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>	
04 Nov 2015	BNO- 18204096 OPV	2 Drop	<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>	