

INTERNATIONAL CERTIFICATE OF INOCULATION
AGAINST YELLOW FEVER

THIS IS TO CERTIFY THAT.....

(Age..... Sex.....) whose signature appears below has this day
been inoculated by me against yellow fever.

Origin and Batch No. of vaccine.....

Signature of inoculating officer.....

Official position

Place..... Date.....

.....
(Signature of person inoculated)

.....
(Home address)

Official Stamp of
Inoculating Officer

FOOTNOTE:

This certificate is not valid:

- (a) unless the vaccine and the method employed have been approved by UNRRA;
- (b) until 10 days after the date of the inoculation except in the case of persons re-inoculated within 4 years;
- (c) for more than 4 years from the date of the last inoculation.