

INTERNATIONAL CERTIFICATE OF VACCINATION
AGAINST SMALLPOX

THIS IS TO CERTIFY THAT.....

(Age..... Sex.....) whose signature appears below has this day been vaccinated by me against smallpox.

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



Signature of Vaccinator.....

Official Position

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

Signature of person vaccinated.....

Home address

IMPORTANT NOTE.—In the case of primary vaccination the person vaccinated should be warned to report to a medical practitioner between the 8th and 14th day, in order that the result of the vaccination may be recorded on this certificate. In the case of revaccination the person should report within 48 hours for first inspection in order that any immune reaction which has developed may be recorded.

THIS IS TO CERTIFY THAT the above vaccination was inspected by me on the date(s) and with the result(s) shown hereunder:

Date of Inspection	Result
.....
.....
.....



Signature of Doctor.....

Official Position

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

Use one or other of the following terms in stating the result, viz: "Reaction of immunity", "Accelerated reaction (vaccinoid)", "Typical primary vaccinia". A certificate of "No reaction" will not be accepted.

Signature of person vaccinated.....

(This certificate is not valid for more than 3 years from date of issue.)