

INTERNATIONAL CERTIFICATE OF INOCULATION  
AGAINST CHOLERA

THIS IS TO CERTIFY THAT.....

(Age..... Sex.....) whose signature appears below was on the  
dates indicated inoculated against cholera.

Date	Material		Inoculating Officer	
	Origin	Batch No. and Type	Signature	Official Title

.....  
(Signature of person inoculated)

.....  
(Home address)

.....  
(Date)

Official Stamp of  
Inoculating Officer

(This certificate is not valid for more  
than 6 months from date of issue.)