

International Sanitary Convention, 1944

INTERNATIONAL CERTIFICATE OF INOCULATION
AGAINST TYPHUS FEVER

THIS IS TO CERTIFY THAT.....

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

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 1 year from date of issue.)