

Appendix 3—Appendice 3

INTERNATIONAL CERTIFICATE OF VACCINATION OR  
REVACCINATION AGAINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE  
REVACCINATION CONTRE LA FIÈVRE JAUNE

*This is to certify that* } ..... *date of birth* } ..... *sex* } .....  
 Je soussigné(e) certifie que } ..... né(e) le } ..... sexe } .....

*whose signature follows* } .....  
 dont la signature suit } .....

*has on the date indicated been vaccinated or revaccinated against yellow fever.*  
 a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	<i>Signature and professional status of vaccinator</i>	<i>Manufacturer and batch no. of vaccine</i>	<i>Official stamp of vaccinating centre</i>	
	<i>Signature et titre du vaccinateur</i>	<i>Fabricant du vaccin et numéro du lot</i>	<i>Cachet officiel du centre de vaccination</i>	
1			1	2
2				
3			3	4
4				

*This certificate is valid only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.*

*The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.*

*This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.*