I. INTERNATIONAL CERTIFICATES OF VACCINATION

AS APPROVED BY

THE WORLD HEALTH ORGANIZATION

(EXCEPT FOR ADDRESS OF VACCINATOR)
CERTIFICATS INTERNATIONAUX DE VACCINATION
APPROUVÉS PAR
L'ORGANISATION MONDIALE DE LA SANTÉ
(SAUF L'ADRESSE DU VACCINATEUR)

II. PERSONAL HEALTH HISTORY

TRAVELER'S NAME—Nom du voyageur

Noller Gary L.

ADDRESS
ADRESSE

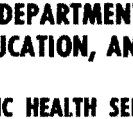
(Number—Numéro) (Street—Rue)

(City—Ville)

(County—Département) (State—État)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE



PHS–731
Rev. 9–66

READ CAREFULLY
INSTRUCTIONS
Pages 10 and 11

3A5-10

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that .... sex
Je soussigné(e) certifie que .... sexe ....
whose signature follows .... date of birth
dont la signature suit .... né(e) le ....

has on the date indicated been vaccinated or revaccinated against smallpox with a freeze-dried or liquid vaccine certified to fulfill the recommended requirements of the World Health Organization.

a été vacciné(e) ou revacciné contre la variole à la date indiquée ci-dessous, avec un vaccin lyophilisé ou liquide certifié conforme aux normes recommandées par l'Organisation mondiale de la Santé.

	Date	Show by "X" whether Indiquer par "X" s'il s'agit de.	Signature, professional status, and address of vaccinator Signature, qualité professionnelle, et adresse du vaccinateur	Origin and batch no. of vaccine Origine du vaccin et numéro du lot	Approved stamp Cachet d'authentification
1a	16 OCT 1969	Primary vaccination performed Primovaccination effectuée ☐	C. E. LEA, [illegible], LTC FLW, MO 65473	009101	[stamp]
1b		Read as successful Prise ☐ Unsuccessful Pas de prise ☐			
2		☐ Revaccination			
3		☐ Revaccination			
4		☐ Revaccination			
5		☐ Revaccination			

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of of a successful primary vaccination* or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DE CERTIFICAT couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte puet affector sa validité.

*See page 10, Item 2.

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 — sex
Je soussigné(e) certifie que ..... sexe .....

whose signature follows — date of birth .....
dont la signature suit ..... né(e) le .....

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	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Origin and batch number of vaccine Origine du vaccin employé et numéro du lot	Official stamp of vaccinating center Cachet officiel du centre de vaccination
1. 22 OCT 1969	C. E. LEA, MAJ, MC FLW, MO 65473	[illegible]	
2.			

THIS CERTIFICATE IS VALID only if the vaccine used has been approved by the World Health Organization and if the vaccinating center has been designated by the health administration for the country in which that center is situated.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 10 years, beginning 10 days after the date of vaccination or, in the event of a revaccination, within such period of 10 years, from the date of that revaccination.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

CE CERTIFICAT N'EST VALABLE que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.

LA VALIDITÉ DE CE CERTIFICAT couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LE CHOLÉRA

This is to certify that — sex
Je soussigné(e) certifie que ..... sexe .....

whose signature follows — date of birth
dont la signature suit ..... né(e) le .....

has on the date indicated been vaccinated or revaccinated against cholera.
a été vacciné(e) ou revacciné(e) contre le choléra à date indiquée.

Date	Signature, professional status, and address of vaccinator Signature, qualité professionnelle, et adresse du vaccinateur	Approved stamp Cachet d'authentification
1. 6 APR 1970	R. T. ADLAM, LTC, MC	1
2. 12 MAY 1970	R. T. ADLAM, LTC, MC	2.
3.		3.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 6 months, beginning 6 days after the first injection of the vaccine or, in the event of a revaccination within such period of 6 months, on the date of that revaccination.

The approved stamp mentioned above must be in o form prescribed by the health administration of the country in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois, le jour de cette revaccination.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administrotion sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

Continue overleaf Suite au verso

CERTIFICATE (Continued) **CERTIFICATE (Suite)** **Cholera**

Date	Signature, professional status, and address of vaccinator Signature, qualité professionnelle, et adresse du vaccinateur	Approved stamp Cachet d'authentification
4.		4.
5.		5.
6.		6.
7.		7.
8.		8.
9.		9.
10.		10.
11.		11.
12.		12.

INSTRUCTIONS TO PHYSICIANS

1. Information requested on each certificate must be complete for the certificate to be valid; otherwise, the person may be subject to surveillance or isolation when these certificates are required for international travel.

2. The space for primary vaccination against smallpox is to be used only when a person receives his vaccination for the *first* time. If unsuccessful a new certificate must be used for a repeat primary vaccination.

3. The dates on each certificate are to be written with the day in arabic numerals, followed by the month in letters and the year in arabic numerals. Example: October 1, 1966, should be written 1/Oct./66.

4. Vaccinations may be performed by a nurse or medical technician if under a physician's direct supervision. The physician's *written* signature must appear on the certificate; signature stamp is not acceptable.

5. If vaccination is contraindicated the physician should provide the person with a written opinion, which port health authorities *may* take into account.

6. Official immunization requirements for international travel and the list of designated yellow fever vaccination centers in the United States are contained in the booklet "Immunization Information for International Travel, PHS No. 384, on sale at the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. Changes in requirements may be obtained from local or State health departments.

7. Additional information concerning certificates and immunization requirements may be obtained from the Foreign Quarantine Program, National Communicable Disease Center, U.S. Public Health Service, Atlanta, Georgia 30333.

INSTRUCTIONS TO THE TRAVELER

1. Properly complete the cover sheet of this booklet before presenting it to your physician.

2. It is the responsibility of the traveler to have the *"approved stamp"* applied to the smallpox vaccination certificate or the cholera vaccination certificate. If both vaccinations are obtained, each certificate must have the *"approved stamp."* These certificates are not *valid* without the stamp and may not be accepted when required in international travel.

   In the United States the stamp is that of the *local* or *State Health Officer* of the area in which the immunizing physician practices. The certificate may be mailed to the health officer for this service if time permits its return. If mailed enclose a self-addressed, stamped envelope to ensure return.

   Other *"approved stamps"* are (1) the stamp of the Department of Defense; (2) the stamp assigned to official Yellow Fever Vaccination Centers; (3) the seal of the Public Health Service; (4) or a stamp authorized by the Public Health Service.

3. When yellow fever vaccination is needed for international travel it must be received at a designated center. The list of designated centers in the United States is contained in the booklet "Immunization Information for International Travel," PHS No. 384.

4. Immunization requirements—see items 6 and 7, page 10.

5. Travelers revaccinated against cholera or yellow fever during the period of validity of a current vaccination certificate should retain the old certificate for a period of 6 days in the case of cholera and 10 days for yellow fever.

II. The information which follows is a record of other immunizations which the traveler has obtained as an additional health protection for international travel. These immunizations are *not* usually required for entrance by any country. Space is also provided for a personal health record in case of illness or accident while traveling abroad.

OTHER IMMUNIZATIONS (Typhus, Typhoid, Plague, Poliomyelitis, Tetanus, etc.)

Date	Vaccine	Dose	Physician's Signature
6 OCT 1969	O/Polio	1, 2, 3	C. E. LEA, MAJ, MC
8 OCT 1969	FLU	1cc	C. E. LEA, MAJ, MC
	TYPHUS	1cc	
8 OCT 1969	TETANUS	0.5cc	C. E. LEA, MAJ, MC
16 OCT 1969	TYPHOID	0.5cc	C. E. LEA, MAJ, MC
22 OCT 1969	PLAGUE	1cc	C. E. LEA, MAJ, MC
15 NOV 1969	TETANUS	0.5cc	E LEA MAJ MC
15 NOV 1969	TYPHOID	0.5cc	C E LEA MAJ MC
15 NOV	O/Polio	1. 2, 3	C E LEA MAJ MC
13 FEB 1970	Plague		C. E. LEA, MAJ, MC

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REMARKS CONCERNING VACCINATIONS—REMARQUES CONCERNANT LES VACCINATIONS

Date	Notes	Physician's signature and address Signature et adresse du médecin

14

This information is to assist any physician called upon to treat an ill traveler.
Cette information est pour aider le médecin qui peut être appelé pour traiter un voyageur malade.

Date	Rh type type Rh	Blood group Groupe sanguin	Name and address of physician—Signature et adresse du médecin
6 OCT 1969	[illegible]	O	C. E. LEA, MAJ, MC

Name and address of person to notify in case of emergency.

Nom et adresse de la personne à aviser en cas d'urgence.

REMARKS concerning state of health, medical treatments or known sensitivities:
REMARQUES concernant l'état de santé, traitements médicaux, ou sensibilités connues:

6 OCT 1969

TINE-neg

C. E. LEA, MAJ, MC

15

GLASSES	O.S.	O.D.
Sphere—		
Cylinder—		
Axis—		
ADD—		
NOTES—		

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