

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

LAUSELL EDWIN

ADDRESS

(Number—Numéro)

(Street—Rue)

ADRESSE

ADJUTANT GENERAL
DEPARTMENT OF THE ARMY

(City—Ville)

WASHINGTON D.C.

(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

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

This is to certify that

Je soussigné(e) certifie que
whose signature follows
dont la signature suit.

sex
sexe
date of birth
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(e) 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
NOV 10 1959	☒ Primary vaccination performed ☒ Primovaccination effectuée	ROBERT A. KIMBRELE MAL, MC		
1b	☐ Read as successful ☐ Prise ☐ Unsuccessful ☐ Pas de prise	<i>Major take</i>		
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 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 peut affecter sa validité.
*See page 10, item 2.

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

Je soussigné(e) certifie que

sex

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. 4 FEB 1969	J. O. REISTER MAJ. M.G.	1. 
2. NOV 10 1969	ROBERT A. KIMBRELL MAJ. M.C.	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 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 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'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 peut affecter sa validité.

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.

11. 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
4 FEB 1969	Plague		
4 FEB 1969	Cholera		
12 4 MAR 1969	Typhoid		
1 4 MAR 1969	Typhoid		
1 4 MAR 1969	Polio		
1 NOV 1969	INFLUENZA		ROBERT A. KIMBRELL MAJ. MC
NOV 10 1969	Tet.		ROBERT A. KIMBRELL MAJ. MC
NOV 10 1969	Typhoid		MAJ. MC
NOV 10 1969	POLIO ORAL TYPE 1-2-3		ROBERT A. KIMBRELL MAJ. MC
18 Nov 69	Plague	0.2 cc S/c.	P. Stenens Maj.
8 NOV 1969	T.B. TINE		ROBERT A. KIMBRELL MAJ. MC

REGISTERED
H.Q.

DDP QOS

REMARKS CONCERNING VACCINATIONS—REMARQUES CONCERNANT LES VACCINATIONS

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

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
	Pos	O.	

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:

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

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