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)

TRAVELER'S NAME—NOM DU VOYAGEUR

HALL, LOREN D.

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. 9-69)

INSTRUCTIONS TO TRAVELERS

The International Certificate of Vaccination or Revaccination is an official statement that you are adequately protected against a disease which could be a threat to the United States and other countries. It is second in importance only to the passport in permitting uninterrupted international travel. *IT MUST BE COMPLETE IN EVERY DETAIL.* When incomplete or inaccurate it is not valid and may cause the traveler to be detained at the United States or foreign ports of entry.

The following suggestions will be of help to you in properly completing the Certificates:

1. Complete the cover sheet of the booklet *before* presenting it to your physician.

2. On the Certificates which will be required for your travel: (a) print your name on the first line; (b) sign your name on the second line; and (c) indicate your sex and date of birth.

3. Vaccination against smallpox and cholera may be given by a licensed physician in the United States. When your physician has completed his part of the Certificate, take it to your health department to have it stamped. Vaccinations against yellow fever may be administered only at official Yellow Fever Vaccination Centers. International Certificates of Vaccination against Yellow Fever must be stamped with the official stamp of the vaccination center which administered the yellow fever vaccine.

4. It is the traveler's responsibility to have the smallpox, cholera, and/or yellow fever certificates validated with an "approved stamp." THE CERTIFICATES ARE NOT VALID WITHOUT AN "APPROVED STAMP." In the United States, "approved stamps" are: (a) the "Uniform Stamp" of the local or State Health Officer; (b) the stamp assigned to official Yellow Fever Vaccination Centers; (c) the seal of the Public Health Service; (d) a stamp authorized by the Public Health Service; (e) the stamp of the Department of Defense; or (f) the seal of the Department of State.

5. Information concerning immunizations required for travel to foreign countries may be obtained from your local or State health department.

DO NOT THROW THIS BOOKLET AWAY. YO
TIFICATES FOR FUTURE TRAVEL AND AS A

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

HALL, LOREN, DEE.

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

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 ..... sex
whose signature follows
dont la signature suit ..... sexe .....
dont la signature suit ..... date of birth
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	Primary vaccination performed / Primovaccination effectuée ☐			
1b	Read as successful / Prise ☐ Unsuccessful / Pas de prise ☐			
2 20 MAY 68	☑ Revaccination	TRANSCRIBED		MILITARY SERVICE CERTIFICATE
3 10 May 69	☑ Revaccination	Oscar H. Frazier Cpt 286 Med Det APO 96240		MILITARY SERVICE CERTIFICATE
4 20 MAY 70	☒ Revaccination	MARVEN L. BROCK, Lieut, MC BEACH ARMY HOSPITAL FORT WOLTERS, Texas Successful	NDC 6662 G-9	MILITARY SERVICE CERTIFICATE
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 peut affecter 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
Je soussigné(e) certifie que ..... sex
sexe .....

whose signature follows
dont la signature suit ..... date of birth .....
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. 8 oct 65	TRANSCRIBED		
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
Je soussigné(e) certifie que ..... sex
sexe .....

whose signature follows
dont la signature suit ..... date of birth
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. 10 MAY 69	OIC Fraser Cpl MC 296 med Det APO 96240	1.
2. NOV 1969		2.
3. 4 June 70	MARVEN L. BROOK, MAJ., MC BEACH ARMY HOSPITAL FORT WOLTERS, TEXAS	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.

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
10 MAR 67	TYPHOID	½ cc	TRANSCRIBED
20 MAY 68	TETANUS	½ cc	TRANSCRIBED
10 MAR 67	TYPHUS	½ cc	TRANSCRIBED
19 NOV 65	Polio S/C	I II III	TRANSCRIBED
31 Aug 68	Flu	1 cc	TRANSCRIBED
10 MAY 69	plague	0.2 cc	O H Fraysier Cpt MC
6 NOV 69	TET. & DIPTH		JERRY B. STEWART, CPT., MC
20 MAY 70	T/D	0.5 cc	MARVEN L BROOK, MAJ., MC
4 JUNE 70	Plague	0.2 cc	MARVEN 1. BROOK, MAJ., MC
25 OCT 1974	Flu	.5 cc	PAUL D. ANDERSON, LTC M.D.
4 JUNE 70	TAB T. INE	0.5 cc	MARVEN 1. BROOK, 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

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

Name and address of person to notify in case of emergency:
Nom et adresse de la personne à aviser en cas d'urgence.

I. INTERNATIONAL CERTIFICATES OF VACCINATION

AS APPROVED BY

THE WORLD HEALTH ORGANIZATION

9 APR 1971

(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

HALL, LOREN D.

ADDRESS
ADRESSE (Number—Numéro) (Street—Rue)

(City—Ville)

(County—Département) (State—État)

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

PUBLIC HEALTH SERVICE

5 MAY 1971

PHS-731
7-66

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 . . . . . sex / sexe . . . . .
whose signature follows
dont la signature suit . . . . . 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 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 10 MAY 69	Primary vaccination performed / Primovaccination effectuée ☐	[illegible] FROM OFFICIAL ARMY RECORDS		
1b	Read as successful / Prise ☐ Unsuccessful / Pas de prise ☐			
2 20 MAY 70	☒ Revaccination	N D C BEACH ARMY HOSPITAL FORT WOLTERS, TEXAS MARVEN L. BROOK, MAJ., MC	6662 G-9	Successful
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 peut affecter 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
Je soussigné(e) certifie que ..... sex
sexe .....

whose signature follows
dont la signature suit ..... date of birth
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. 8 Oct 65	N D C MARVEN B. BROOK, MAJ, MC TRANSFERRED FROM OFFICIAL ARMY RECORDS	BROOKE ARMY HOSPITAL FORT SAM HOUSTON, TEXAS	
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
Je soussigné(e) certifie que ..... sex
sexe .....

whose signature follows
dont la signature suit ..... date of birth
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 NOV 69	TRANSFERRED FROM OFFICIAL ARMY RECORDS MARVEN I. BROOK, [illegible] BEACH ARMY HOSPITAL FORT WOLTERS, TEXAS	1.
2. 4 JUNE 70	NDC BEACH ARMY HOSPITAL MARVEN I. BROOK, MAJ., MC FORT WOLTERS, TEXAS	NDC 2333/66
3. MAR 19,71	B A Gunsun Capt/AMC	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.

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 imm ...ons which the traveler has obtained as an additional health protection for international travel. These immuni... ...ns are *not* usually required for entrance by any country. Space is also provided for a personal health record in c... ...e of illness or accident while traveling abroad.

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

Date	Vaccine	Dose	Physician's Signature
10 mar 67	Typhoid	0.5 CC	TRANSFERRED FROM OFFICIAL ARMY RECORDS
10 may 66	Tet	1/2 CC	TRANSFERRED FROM OFFICIAL ARMY RECORDS
12 10 mar 67	Typhus	0.5 CC	TRANSFERRED FROM OFFICIAL ARMY RECORDS
14 nov 65	polio S/C	1-2-3	TRANSFERRED FROM OFFICIAL ARMY RECORDS
31 aug 68	Flu	1 CC	TRANSFERRED FROM OFFICIAL ARMY RECORDS
10 mar 69	plague	0.2 CC	MARVEN I. BROOK, MAJ., MC
6 nov 66	TD	0.1 CC	MARVEN I. BROOK, MAJ., MC
4 June 70	plague	0.2 CC	MARVEN I. BROOK, MAJ., MC
10 nov 69	HK Flu	1 CC	MARVEN I. BROOK, MAJ., MC
5 June 70	Typhoid	0.5 CC	
MAR 1971	PLAGUE		
25 OCT 1974	FLU	.5 cc	PAUL D. ANDERSON, M.D.
13			
4 June 70	T Booster	Req	MARVEN I. BROOK, MAJ., MC

REMARKS CONCERNING VACCINATIONS—

Date	Notes

This information is to assist any physician called upon to
Cette information est pour aider le médecin qui peut êtr

Date	Rh type type Rh	Blood group Groupe sanguin

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

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

ARQUES CONCERNANT LES VACCINATIONS

Physician's signature and address Signature et adresse du médecin

an ill traveler.

ppelé pour traiter un voyageur malade.

me and address of physician—Signature et adresse du médecin

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* U. S. GOVERNMENT PRINTING OFFICE : 1968 O - 291-618

For sale by Superintendent of Documents
Government Printing Office—Washington, D.C., 20402
Price 10 cents—$5.00 per 100

INSTRUCTIONS TO PHYSICIANS

INFORMATION REQUESTED ON EACH CERTIFICATE MUST BE COMPLETE FOR THE CERTIFICATE TO BE VALID.

1. 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.

2. 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: 1/Jan/70

3. The *physician's* written signature must appear on the certificate; a signature stamp is not acceptable.

4. If smallpox vaccination is contraindicated, you should provide the patient with a written statement, on your letterhead, indicating the nature of the contraindication. The contraindications officially recognized by the Public Health Service are: (a) eczema and other forms of chronic dermatitis in the individual or household contact; (b) and altered state of immunity due to serious disease or drug treatment; (c) pregnancy; and (d) infancy (under one year of age).

5. Information concerning official immunization requirements for international travel and the location of Yellow Fever Vaccination Centers in your area may be obtained from your local or State health department.

MAY HAVE OCCASION TO USE THE CER-
ECORD OF YOUR VACCINATION HISTORY.

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REMARKS concerning state of health, medical trea
REMARQUES concernant l'état de santé, traitements

nown sensitivities:
ux, ou sensibilités connues:

GLASSES

Sphere—
Cylinder—
Axis—
ADD—

O.S.

O.D.

NOTES—

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 _____ sex
sexe _____
whose signature follows
dont la signature suit _____ 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 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	Primary vaccination performed / Primovaccination effectuée ☐			
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 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 item 1, Instructions to Physicians

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
Je soussigné(e) certifie que _____ Sex
Sexe _____

whose signature follows
dont la signature suit _____ date of birth
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 official du centre de vaccination
1.			
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
Je soussigné(e) certifie que _____ Sex
Sexe _____

whose signature follows
dont la signature suit _____ date of birth
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.		1.
2.		2.
3.		3.
4.		4.
5.		5.
6.		6.

8.		8.
9.		9.
10.		10.
11.		11.
12.		12.

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.

PERSONAL HEALTH HISTORY

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
23 NOV 1976	B/HK Flu	1/2cc	COL K. Holtzapple, M.D.
23 NOV 1976	A/NJ-A/Vic Flu	1cc	COL K. Holtzapple, M.D.

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 address du médecin

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:

OPHTHALMIC INFORMATION (Prescription Glasses)

	Sphere	Cylinder	Axis	Prism	Base
(OD) Ocular Dexter					
(OS) Ocular Sinister					

Add _____ Base Curve _____

Other _____

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