

International Certificates of Vaccination or Revaccination are official statements verifying that proper procedures have been followed to immunize you against a disease which could be a threat to the United States and other countries. The Certificates are second in importance only to your passport in permitting uninterrupted international travel. THEY MUST BE COMPLETE AND ACCURATE IN EVERY DETAIL, or you may be detained at ports of entry.

When your itinerary is complete, you may obtain information on immunizations required or recommended for foreign travel from your local or State Health Department.

#### How to Complete Your International Certificates of Vaccination

1. Enter your name and address on the cover of the booklet before presenting it to your physician.
2. On the Certificates required for your travel, print your name on the first line; sign your name on the second line; indicate your sex; and indicate your date of birth in the following sequence: day, month, year. Example: 5 June 1940.
3. Vaccination against smallpox and cholera may be given by any licensed physician in the United States. After the physician completes his part of the Certificate, take it to your local health department to be validated. Yellow fever immunization may be obtained only at a designated Yellow Fever Vaccination Center. The Certificate must be stamped with the official stamp of the Yellow Fever Vaccination Center.
4. It is your responsibility to have the Certificates validated with an "approved stamp." THE CERTIFICATES ARE NOT VALID WITHOUT AN "APPROVED STAMP."

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. 1971.
3. Vaccinations may be given by nurses and medical technicians if under the direct supervision of a qualified medical practitioner. The physician's WRITTEN signature must appear on the Certificate; a signature stamp is not acceptable.
4. If smallpox vaccination is contraindicated on medical grounds, you should provide the patient with a written statement, on your letterhead, signed and dated, indicating the nature of the contraindication.
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.

DO NOT THROW THIS BOOKLET AWAY. YOU MAY HAVE OCCASION TO USE THE CERTIFICATES FOR FUTURE TRAVEL AND AS A RECORD OF YOUR VACCINATION HISTORY.

#### 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 \_\_\_\_\_  
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 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 titre du vaccinateur	Manufacturer & batch number of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating center Cachet officiel 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.

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

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.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.

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 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(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, titre, et adresse du vaccinateur	Manufacturer and batch no. of vaccine Fabricant du vaccin et numéro du lot	Approved stamp Cachet autorisé
1a	Primary vaccination performed <input type="checkbox"/> Primovaccination effectuée <input type="checkbox"/>			
1b	Read as successful <input type="checkbox"/> Prise <input type="checkbox"/>			
2	Unsuccessful <input type="checkbox"/> Pas de prise <input type="checkbox"/>			
3	<input type="checkbox"/> Revaccination			
4	<input type="checkbox"/> Revaccination			
5	<input type="checkbox"/> 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.  
 This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.  
 Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.  
 LA VALIDITE DE CE 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 autorisé doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.  
 Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.  
 Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.  
 \*See item 1, instructions to Physicians.

**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 la date indiquée.

Date	Signature, professional status, and address of vaccinator Signature, titre, et adresse du vaccinateur	Approved stamp Cachet autorisé
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**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.

12.

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)**

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

8.

9.

10.

11.

The vaccine used shall meet the requirements laid down by the World Health Organization.  
THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 6 months, beginning 6 days after one 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.  
This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.  
Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.  
Le vaccin utilisé doit satisfaire aux normes formulées par l'Organisation mondiale de la Santé.  
LA VALIDITÉ DE CE CERTIFICAT couvre une période de six mois commençant six jours après une 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 autorisé doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.  
Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.  
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

