

**MODEL INTERNATIONAL CERTIFICATE OF VACCINATION
AGAINST YELLOW FEVER**

This is to certify that [name or names, surname]....., date of birth....., sex....., nationality....., national identification document, if applicable, whose signature follows.....

has on the date indicated been vaccinated against yellow fever in accordance with the International Health Regulations.

Date	Signature and professional status of supervising clinician	Manufacturer and batch No. of vaccine	Certificate valid from..... until.....	Official stamp of administering centre

Notes:

This certificate is valid only if the vaccine used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

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

The validity of this certificate shall extend until the date indicated for the particular vaccination. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.“.