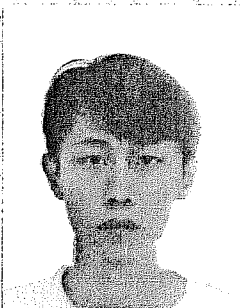


A

编号/No. 22000003160727017



兹证明/This is to certify that (name)

朱海宁 ZHU HAINING

出生日期/Date of birth

性别/Sex

1995年08月31日/31. Aug., 1995 男/Male

国籍/Nationality

中国 Chinese

国家身份证(如有)/National identification document, if applicable

220105199508311213

其本人签字/Whose signature follows

根据《国际卫生条例》在指明的日期接种了疫苗或接受了预防措施。
Has on the date indicated been vaccinated or received prophylaxis against, in accordance
with the International Health Regulations

1

黄热病国际预防接种或复种证明

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

日期

Date

主管临床医师的签名和专业状况

Signature and professional status
of supervising clinician

接种机构的印章

Official stamp
of administering centre

疫苗或预防制品的生产厂商批号

Manufacturer and batch No.
of vaccine or prophylaxis

接种剂量

Vaccination dose

证书有效期 从

至

Certificate valid From...

until

2

A 其他疫苗接种证明/CERTIFICATE OF OTHER VACCINATIONS

疫苗或预防措施/Vaccine or prophylaxis

麻风腮疫苗 MMR

皮下注射 Hyodermic

日期
Date

2016年07月27日 / 27 July, 2016

主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician

内科医师/Physician

接种机构的印章
Official stamp
of administering centre

疫苗或预防制品的生产厂商批号
Manufacturer and batch No.
of vaccine or prophylaxis

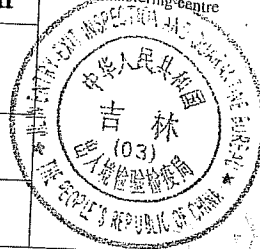
上海生物
201506066

接种剂量
Vaccination dose

0.5ml

证书有效期 从
Certificate valid. From

至
until



疫苗或预防措施/Vaccine or prophylaxis

日期
Date

主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician

接种机构的印章
Official stamp
of administering centre

疫苗或预防制品的生产厂商批号
Manufacturer and batch No.
of vaccine or prophylaxis

接种剂量
Vaccination dose

证书有效期 从
Certificate valid. From

至
until