

INTERNATIONAL CERTIFICATE OF VACCINATION OR
REVACCINATION AGAINST YELLOW FEVER

PRICIPALI: GAVINOTHERMA

This is to certify that / Je soussigne(e) certifie que

date of birth / ne(e) le 15/03/1996

whose signature follows / dont la signature suit



has on the date indicated been vaccinated or revaccinated against

Yellow-fever

Date	Signature and professional status of vaccinator Signature of titre du vaccinateur
1	
2	
3	

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE
REVACCINATION CONTRE LA FIEVRE JAUNE

sex / sexe

F

a été vaccine (e) ou revaccine (e) contre la fièvre jaune
a la date indiquée

Manufacturer and batch no. of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination

[illegible]

6

Physician's signature
Signature du médecin



Ch. H. 29/07/17

DR. CH. LAVANYA
Civil Assistant Surgeon
National Vaccination Section
of Preventive Medicine
inaguda, Hyderabad

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74561 1733117



GOVT. OF TELANGANA

International Certificate of Vaccination

Certificat International de Vaccination

International Health Regulations

Reglement Sanitaire International

Issued to / Delivre a

GULLIPALLI SAIJYOTHIRMAI

Passport No. or Travel Document No.
Numero du passeport ou de la piece justificative

NO 226616

Directorate of Institute of Preventive Medicine
P.H. Labs & Food (Health) Administration,
Narayanaguda, Hyderabad.