

MINISTRY OF HEALTH / GHANA HEALTH SERVICE

RECEIPT
TO BE HANDED TO
PAYER



H18/ 8288720

Station

GH¢ 2 - Gp

*Cheque No.

Money / Postal Order No.

Received from

The sum of

Ghana Cedis

and

Ghana Pesewas on account of

* Delete where inapplicable

Signed

INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that (name)

date of birth 20th Nov 1996 sex female

nationality Ghanaian

national identification document, if applicable passport

whose signature follows

has on the date indicated been vaccinated or received prophylaxis
against: (name of disease or condition) Yellow Fever

in accordance with the International Health Regulations

Vaccine or prophylaxis Vaccine ou agent prophylactique	Date	Signature and professional status of supervising clinician
1. Yellow	7th	SPECIALIST I, C
2. Fever	5th	
3.	2021	

*Requirements for validity of certificate on page 2.

CERTIFICAT * INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom]

né(e) le de sexe et

de nationalité

document d'identification national, le cas échéant

don't la signature suit

a été vaccine(e) ou a reçu des agents prophylactiques à la date
indiquée contre: (nom de la maladie ou de l'affection)

Conformément au Règlement sanitaire international.

Manufacturer and batch no. of vaccine or prophylaxis	Certificate valid from: until:	Official stamp of the administering centre
Fabricant du vaccine ou de l'agent prophylactique et numéro du lot	Certificate valable à partir du: jusqu'au:	Cachet officiel du centre habilité
1. Sanofi	Life	INTERNATIONAL VACCINATION CENTRE ACORA
2. Pasteur	Long	
3. BJSZ		

*Voir les conditions de validité à la page 3.

OTHER VACCINATIONS / AUTRES VACCINATIONS

Disease targeted Maladie visée	Date	Manufacturer, brand name and batch no. of vaccine Fabricant du vaccin. marque et numero du lot	Next booster (date): prochain rappel (date):	Official stamp and signature cachet official signature
MMR2 1st	7/6/21	TRESVAC PPS B.NAL. 912001151A MAY-JUNE 2020 Exp. MAY 2025	7/7/2021	INTERNATIONAL VACCINATION CENTRE - ACCRA
MMR2 2nd	8/7/21	TRESVAC PPS B.NAL. 912001151A MAY-JUNE 2020 Exp. MAY 2025	Lifelong	
HepB 1st	7/6/21	220500320A	7/7/2021	INTERNATIONAL VACCINATION CENTRE - ACCRA
HepB 2nd	7/7/21	0359X018	7/8/2021	INTERNATIONAL VACCINATION CENTRE - ACCRA
Tetanus Diphth	7/6/21	23307T1A		INTERNATIONAL VACCINATION CENTRE - ACCRA

MINISTRY OF HEALTH / GHANA HEALTH SERVICE

RECEIPT
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REPUBLIC OF GHANA

H18/ 8283697

Station

GH¢

*Cheque No.

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and

Ghana Pesewas on account of

* Delete where inapplicable

Signed

MINISTRY OF HEALTH / GHANA HEALTH SERVICE

RECEIPT
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REPUBLIC OF GHANA

H19/

5499799

Station

GH¢

*Cheque No.

Money / Postal Order No.

Received from

The sum of

and

Ghana Pesewas on account of

* Delete where inapplicable



SEROLOGY / HAEMATOLOGY REPORT

NAME: ELIZABETH TAKYI BOTCHWAY Age 24 Sex F LAB NO. 5435

HBsAg Negative

Syphilis.....

HCV.....

UPT / SPT

TYPHOID ANTIBODY TEST

IgM Ab.....

IgG Ab.....

HIV I

Haemoglobin (Hb).....g/dl

Malaria.....

Sickling..... Genotype:

Blood Group..... Rh 'D'

G6PD

ESR mmFall/hr.

FBS / RBS mmol/L (3.6-6.4 / 3.3-7.4)

HIV II

Handwritten notes:
Hb - 50
TTPR - 150
Tdtatw - 50

NB: Positive Typhoid IgG Ab may be due to possible immunity from previous infection.

DATE: 7/06/2021

SIGNATURE of BMS: [Signature]

MINISTRY OF HEALTH / GHANA HEALTH SERVICE

RECEIPT
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H19/

5499844

Station

GH¢ 150 GP

*Cheque No.

Money/ Postal Order No. Cv

Received from Elizabeth Takyi

The sum of

One Hundred and Fifty
Ghana Cedis

and Ghana Pesewas on account of

[Signature]