



编号/No. 120107031606210206

姓名/This is to certify that (name) 倪文轩 NI WENXUAN

出生日期/Date of birth 1996年10月09日/09 Oct., 1996 性别/Sex 男/Male

国籍/Nationality 中国 Chinese

国家身份证(如有)/National identification document (if applicable) 120114199610090018

本人签字为/Whose signature follows

倪文轩

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

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
Certificate valid From

至
until

4/9/18
11am - Monday

疫苗或预防措施/Vaccine or prophylaxis

麻风腮 MMR

皮下注射 Hyodermic

日期

Date

2016年06月21日/21 June, 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

疫苗或预防制品的生产厂商批号

Manufacturer and batch No.
of vaccine or prophylaxis

上海生物制品研究所

201507095

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

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

接种机构的印章

Official stamp
of administering centre