

编号/No: 610000031607110045

兹证明/This is to certify that name

魏嘉政 WEI JIAZHENG

出生日期/Date of birth 性别/Sex

1996年03月01日/01 Mar., 1996 男/Male

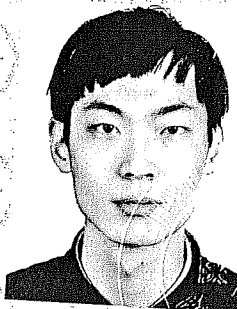
国籍/Nationality

中国 Chinese

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

612701199603011456

其本人签字为/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

国际预防接种证书
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 until
Certificate valid From until

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其他预防接种证明/CERTIFICATE OF OTHER PREVENTIVE VACCINATION
疫苗或预防措施/Vaccine or prophylaxis
麻疹风联合减毒活疫苗
Measles, Mumps and Rubella Combined Vaccine, Live
皮下注射/IH

日期 Date	2016年07月11日/ 11 July, 2016
主管临床医师的签名和专业状况 Signature and professional status of supervising clinician	刘启都 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有限责任公司 Shanghai Institute of Biological Products Co., Ltd. 201511184
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
麻疹风联合减毒活疫苗
Measles, Mumps and Rubella Combined Vaccine, Live
皮下注射/IH

日期 Date	2016年08月16日/ 16 Aug., 2016
主管临床医师的签名和专业状况 Signature and professional status of supervising clinician	刘启都 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有限责任公司 Shanghai Institute of Biological Products Co., Ltd. 201511184
接种剂量 Vaccination dose	0.5ml
证书有效期 从 Certificate valid From	至 until