



CERTIFICAT DE VACCINATION OU DE PROPHYLAXIE

Je soussigné Dr

Certifie que [nom]

né(e) le sexe

nationalité

est immunisé contre la rougeole

.....

conformément aux recommandations de l'OMS.

	Rougeole	Vaccin 1 ^{re} dose	Vaccin 2 ^e dose
Date			

Signature

Tampon officiel



INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

I underby Dr

Certify that [name]

date of birth sex

nationality

is immunized against measles

.....

in accordance with the WHO recommendations.

	Measles	Vaccine 1 st injection	Vaccin 2 nd injection
Date			

Signature

Official stamp