



CANADA

QUARANTINE SERVICE

INTERNATIONAL CERTIFICATE
OF INOCULATION and VACCINATION

ISSUED BY
DEPARTMENT OF NATIONAL HEALTH
AND WELFARE, CANADA

OTTAWA

International Certificate of Vaccination
Against Smallpox

THIS IS TO CERTIFY THAT BISHAN KAU
(Age 44 Sex M) whose signature appears below,
has this day been vaccinated by me against smallpox.
Origin and Batch No. of Vaccine.....

Official
Stamp

Signature of Vaccinator Geo. MORE

Official Position Physician

Place Duncan Date 18/2/52

Signature of Person Vaccinated.....

Home Address.....

Important: In the case of primary vaccination the person vaccinated should be warned to report to a medical practitioner between the 8th and 14th day, in order that the result of the vaccination may be recorded on this certificate. In the case of revaccination the person should report within 48 hours for first inspection in order that any immune reaction which has developed may be recorded.

THIS IS TO CERTIFY that the above vaccination was inspected by me on the date(s) and with the result(s) shown hereunder:

Date of Inspection

Result

Official
Stamp

Signature of Doctor.....

Official Position.....

Place..... Date.....

Use one of the following terms in stating the result, viz.:— 'Reaction of immunity,' 'Accelerated Reaction (vaccinoid),' 'Typical primary vaccinia.' A certificate of 'No Reaction' will not be accepted.

Signature of Person Vaccinated.....

This certificate is not valid for more than 3 years from date of issue.

International Certificate of Inoculation Against Yellow Fever

THIS IS TO CERTIFY THAT.....

(Age.....Sex.....) whose signature appears below has this day been inoculated by me against yellow fever.

Origin and Batch No. of vaccine.....

Signature of inoculating officer.....

Official position.....

Place.....

Date.....

Signature of person inoculated.....

Home address.....

This certificate is not valid:

- (a) unless the vaccine and the method employed have been approved by UNRRA.
- (b) until 10 days after the date of the inoculation except in the case of persons re-inoculated within 4 years.
- (c) for more than 4 years from the date of the last inoculation.

Official stamp of
Inoculating Officer

International Certificate of Immunity Against Yellow Fever

THIS IS TO CERTIFY THAT.....

(Age.....Sex.....) whose signature appears below is immune to yellow fever as the result of an attack of the disease. This immunity has been demonstrated by the mouse protection test.

Date of bleeding.....

Place of bleeding.....

Name of laboratory performing test.....

Location of laboratory.....

Date of Test.....

Result of Test.....

Signature of Laboratory Director.....

Official Stamp
of Laboratory

Signature of person tested.....

Home Address.....

This certificate is not valid:

- (a) unless the Laboratory performing the blood test and the method employed have been approved by UNRRA.
- (b) for more than ten years from the date of the blood test.

International Certificate of Inoculation Against Typhus Fever

THIS IS TO CERTIFY THAT.....

(Age.....Sex.....) whose signature appears below was on the dates indicated inoculated against Typhus Fever.

MATERIAL

INOCULATING OFFICER

DATE	ORIGIN	BATCH NO. AND TYPE	SIGNATURE	OFFICIAL TITLE

Signature of person inoculated

Home Address

Official stamp of
Inoculating Officer

Date

This certificate is not valid for more than one year from date of issue

International Certificate of Inoculation Against Cholera

THIS IS TO CERTIFY THAT.....

(Age.....Sex.....) whose signature appears below was on the dates indicated inoculated against Cholera.

MATERIAL

INOCULATING OFFICER

DATE	ORIGIN	BATCH NO. AND TYPE	SIGNATURE	OFFICIAL TITLE
18/2/52		20216-1	Geo. MORE	Physician

Signature of person inoculated

Home Address

Official stamp of
Inoculating Officer

Date

This certificate is not valid for more than six months from date of issue

DATE	NATURE OF VACCINE	DOSE	PHYSICIAN'S SIGNATURE	OFFICIAL POSITION	OFFICIAL STAMP
10/18/69	MVA-1 AND LIVE POLIO		GEO. JONES	JONES	Baltimore Health Department
THIS IS TO CERTIFY THAT THE ABOVE NAMED PERSON HAS RECEIVED THE POLIO VACCINATION ON THE DATES INDICATED.			W.D. BISHOP	BISHOP	Date 10/18/69

DATE	VACCINE NAME OF	DOSE	SIGNATURE	POSITION	STATE		
Continued on Other Vaccinations							

Certificate of Other Vaccinations

[illegible]

