

INTERNATIONAL CERTIFICATE of INOCULATION and VACCINATION

As approved by
WORLD HEALTH ORGANIZATION
and
THE PAN AMERICAN SANITARY
ORGANIZATION

TRAVELER'S NAME GREEN, SMITH L [REDACTED]

ADDRESS { (NUMBER) (STREET)

(CITY, TOWN, OR VILLAGE)

(COUNTY) (STATE)

DATE OF BIRTH 13 Dec 16 SEX Male

TRAVELER'S SIGNATURE Smith L. Green



FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

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PHS-731 (IHR)
Rev. 12-48

GREEN, Smith L.

INTERNATIONAL CERTIFICATE OF VACCINATION AGAINST SMALLPOX

This is to certify that—

GREEN, SMITH L

has this day been vaccinated by me against smallpox.

Origin and Batch No. of vaccine

Signature of vaccinator

Official position (if any) Capt., USAF (MC)

Place Date 12 Nov 52

IMPORTANT.—In the case of primary vaccination the person vaccinated should be warned to report to a physician between the 8th and 14th day in order that the result of the vaccination may be recorded on this certificate. In the case of re-vaccination the person should report within 48 hours for first inspection in order that any immune reaction which has developed may be recorded.



CERTIFICATION.—I hereby certify that to the best of my knowledge and belief, the above statement is true.

[OFFICIAL STAMP]
Certifying officer

Official position Capt., USAF (MC)

Place Date 12 Nov 52

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*

18 Nov 52 Reaction of Immunity

Signature of physician

Official position (if any) Capt., USAF (MC)

Place Date 18 Nov 52

*Use one of the following terms in stating the results, viz.—“Reaction of immunity,” “Accelerated reaction (vaccinoid),” “Typical primary vaccina.” A certificate of “No reaction” will not be accepted.

This certificate is valid for only 3 years from date of issue.



CERTIFICATION.—I hereby certify that to the best of my knowledge and belief, the above statement is true.

[OFFICIAL STAMP]
Certifying officer

Official position Capt., USAF (MC)

Place Date 18 Nov 52

INTERNATIONAL CERTIFICATE OF INOCULATION AGAINST YELLOW FEVER

This is to certify that GREEN, SMITH L

(age 35 sex M.), whose signature appears below,

Origin and Batch No. of vaccine AB 1287



Signature of inoculating officer

Official position Capt., USAF (MC)

Place Date 12 Nov 52

Signature of person inoculated Smith L. Green

Home address THE AIR ADJUTANT GENERAL

N. B. This certificate is not valid:

- (a) Unless the vaccine and the method employed have been approved by UNRRA, or WHO, or its Interim Commission.
- (b) Until 10 days after the date of the inoculation, except in the case of persons reinoculated within 4 years.
- (c) For more than 4 years from the date of the last inoculation.

INTERNATIONAL CERTIFICATE OF INOCULATION AGAINST CHOLERA

(This certificate is valid for only 6 months from date of last inoculation)

MATERIAL			SIGNATURE OF INOCULATING PHYSICIAN	CERTIFYING PHYSICIAN		OFFICIAL STAMP
DATE	ORIGIN	BATCH NO. AND TYPE		SIGNATURE OF	OFFICIAL POSITION	
2 Nov 52			<i>J. D. Beckett</i>	<i>J. D. Beckett</i>	Capt USAF (MC)	
<i>8-XII-52</i>			<i>J. D. Beckett</i>	<i>R. E. Hayes</i>		
<i>4 Nov 53</i>			<i>R. E. Hayes</i>			

RECORD OF OTHER IMMUNIZATIONS (Typhus, Typhoid, Paratyphoid, Plague, Tetanus, etc.)

NATURE OF VACCINE	DATE	DOSE	PHYSICIAN'S SIGNATURE	NATURE OF VACCINE	DATE	DOSE	PHYSICIAN'S SIGNATURE
Typhoid	12 Nov 52	52	<i>J. D. Beckett</i>	Cholera	<i>4 Nov 52</i>		<i>R. E.</i>
Typhus	12 Nov 52	52	<i>J. D. Beckett</i>				
Tetanus	9 May 50		<i>J. D. Beckett</i>				
Schick (Neg)	28 Sep 49		<i>J. D. Beckett</i>				
<i>Typhus</i>	<i>8-XII-52</i>	<i>100</i>	<i>J. D. Beckett</i>				