

I, undersigned Doctor, certify that:

LAST NAME: First name:

Born on/...../..... in

Address:

Postcode: CITY: COUNTRY:

Mobile phone number:/...../...../...../.....

- 1) **Regarding diphtheria – tetanus - pertussis vaccine** (according to the recommendations published in the 2013 Epidemiological Record)

	Type of vaccine	Lot and producer	Date
1 st injection			
2 nd injection			
3 rd injection			
4 th injection			
5 th injection (6 years old)			
6 th injection (11 years old)			

- 2) **Regarding Hepatitis B (HBV) vaccine: COMPLETE SCHEDULE AND DOSE of MANDATORY anti-Hbs and anti-Hbc antibodies**

	Type of vaccine	Lot and producer	Date
1 st injection (M0)			
2 nd injection (M1)			
3 rd injection (M6)			
Dose: Anti-Hbs antibodies Anti-Hbc antibodies Hbs Ag:	Date: Date: Titre: Titre: For a complete schedule: anti-Hbs antibodies > 10 For an incomplete schedule: anti-Hbs antibodies > 100		
Booster 1 (anti-Hbs=)			

- 3) **Intracutaneous reaction in a tuberculin test (TUBERTEST: injection to 5 IU of tuberculin)**

Date: Value of the test (in mm):
within 72h

Delivered to the addressee in person,

Signed on Signature + Stamp:

PLEASE SEND US THIS DOCUMENT BEFORE ARRIVING IN FRANCE AND PLACE A COPY IN YOUR VACCINATION RECORD.