

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: Titre: Date: Titre: <i>For a complete schedule: anti-Hbs antibodies > 10</i> <i>For an incomplete schedule: anti-Hbs antibodies > 100</i> | | |
| 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.