Appendix XXX

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GUIDELINES FOR VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

1. Vaccines or other prophylaxis specified in this annexure or recommended under these rules shall be of suitable quality; those vaccines and prophylaxis designated by WHO shall be subject to its approval.

2. Persons undergoing vaccination or other prophylaxis shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the **"Certificate")** in the form specified in this Appendix.

3. Certificate under this Appendix are valid only if the vaccine or prophylaxis used has been approved by WHO.

4. Certificates must be signed by the authorized health worker supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

5. Certificate shall be fully completed in English.

6. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

7. Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.

8. A parent or guardian shall sign the certificate when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person's mark of identification.

9. Travellers with exemption certificate for yellow fever vaccination would be permitted entry only after the mandatory quarantine period as prescribed under the special provisions in these rules related to yellow fever.

10. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in this Appendix if:

(a) It embodies medical information substantially the same as is required by such form;

(b) It contains a statement in English or in French and where appropriate in another language, in addition to English or French, recording the nature and date of the vaccination or prophylaxis and to the effect that it is issued in accordance with this paragraph.

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that (name) …….. date of birth …….. Sex …….. Nationality …… national identification document, if applicable whose signature follows …… has on the date indicated been vaccinated or received prophylaxis against: …… (name of the disease or condition)……

In accordance with the International Health Regulations

Vaccine or Prophylaxis	**Date**	**Signature and professional status of supervising clinician**	**Manufacture and batch No. of vaccine or prophylaxis batch**	**Certificate valid from …… until ……**	**Official stamp of Administer-ing centre**
1.					
2.					

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This Certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

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