



Serial No. of Medical Certificate/Declaration of unfitness:

H-1275210

Form for assessment of medical fitness

Regulations of 5 June 2014 No. 805

on medical examination of employees on Norwegian ships and mobile offshore units

For use by seafarer's doctor only. Records to be kept in accordance with rules for medical record-keeping currently in force in the relevant country.

A. PERSONAL INFORMATION			
The following documents are valid as Identification documents (ID): Passport, sea service book and driving licence		Type of ID:	ID No:
Date of birth/ Norwegian national identity number:	24/11/1997	Male:	<input checked="" type="checkbox"/> Female:
Family name:	Shyntas		
First and middle name:	Ali (Shyntas) Nurlybekuly		
Registered address:	Kazakhstan, Almaty city, Kalkamen-2, Aran, 152		
Nationality:	Kazakh		

B. SERVICE ON BOARD			
Position on board:	crew mess		
Part of navigational watch?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If Yes, which:
Safety function?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If Yes, which:

C. TYPE OF SHIP			
Dry cargo ship (bulk, container etc.):	<input type="checkbox"/>	Passenger ship (ferry, cruise etc.):	<input checked="" type="checkbox"/>
Tanker (oil, gas, chemical):	<input type="checkbox"/>	High-speed craft:	<input checked="" type="checkbox"/>
Fishing vessel:	<input type="checkbox"/>	Supply vessel:	<input type="checkbox"/>
Other type of ship:	<input type="checkbox"/>		

D. TRADE OF AREA



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E. SELF-DECLARATION

Have you ever had any of the following conditions?

No	Condition	Yes:	No:
1.	Eye/vision problems		✓
2.	High blood pressure		✓
3.	Cardiovascular disease		✓
4.	Heart surgery		✓
5.	Varicose veins/haemorrhoids		✓
6.	Asthma/bronchitis		✓
7.	Blood disorder		✓
8.	Diabetes		✓
9.	Thyroid problems		✓
10.	Digestion disorder		✓
11.	Kidney problem		✓
12.	Skin problem		✓
13.	Allergies		✓
14.	Infectious/contagious disease		✓
15.	Hernia		✓
16.	Genital disorder		✓
17.	Pregnancy		✓
18.	Sleep problem		✓
19.	Smoking of tobacco, abuse of alcohol or drugs		✓
20.	Operation/surgery		✓
21.	Epilepsy/seizures		✓
22.	Dizziness/fainting		✓
23.	Loss of consciousness		✓
24.	Psychiatric problems		✓
25.	Depression		✓
26.	Attempted suicide		✓
27.	Loss of memory		✓
28.	Balance problems		✓
29.	Severe headaches		✓
30.	Ear (hearing, tinnitus)/nose/throat problem		✓
31.	Restricted mobility		✓
32.	Back or joint problem		✓
33.	Amputation		✓
34.	Fractures/dislocations		✓

If you answered "Yes" to any of the above questions, please give details:

Bogdan Yurechko
Doctor
B-I № 741288





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No	Additional Questions	Yes:	No:
35.	Have you ever been signed off or repatriated due to illness?		✓
36.	Have you ever been hospitalized?		✓
37.	Have you ever been declared unfit to work on board ship?		✓
38.	Has your medical certificate ever been restricted or revoked?		✓
39.	Are you aware that you have any medical problems, diseases or illnesses		✓
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41.	Do you have any allergies?		✓

Comments:

No	Medication	Yes:	No:
42.	Are you taking any non-prescription or prescription medications?		✓

If "Yes", please list the medications taken, and the purpose(s) and dosage(s):

I hereby declare that the information above is complete and correct. I am aware that I will not be entitled to salary from the company if I have fraudulently concealed an injury or illness at the time of appointment, or if I have deliberately contracted the injury or illness after the appointment, cf. section 4-4 third paragraph of the Act of 21 June 2013 No. 102 relating to employment protection etc. for employees on board ships (Ship Labour Act). The concealment of injury or illness will be considered fraudulent if the injury or illness is related to health requirements to be satisfied pursuant to section 17 of the Act of 16 February 2007 No. 9 relating to Ship Safety and Security (Ship Safety and Security Act).

Place: Odesa	Date: 17.02.2019	Employee's signature: 	Bogdan Yurechko Doctor B-1 № 741288
Certified by:	The witness' signature, and witness' name in typed letters:		

F. CONSENT TO COLLECT MEDICAL INFORMATION

I hereby agree that relevant medical information relating to my previous illnesses may be obtained from a National Insurance office, doctor, hospital, other health institution and/or public authority by the approved seafarer's doctor, **Dr. B. Yurechko**, for use in connection with the seafarer's doctor's assessment and, if applicable, for use by the Appellate body pursuant to the Health Regulations.

Place: Odesa	Date: 11.02.2019	Employee's signature: 	Bogdan Yurechko Doctor B-1 № 741288
Certified by:	The witness' signature, and witness' name in typed letters:		





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G. MEDICAL EXAMINATION

G1. Visual acuity

	Unaided			Aided		
	Right eye:	Left eye:	Binocular:	Right eye:	Left eye:	Binocular:
Distant	0.2	0.2	0.3	1.0	1.0	1.0
Near	1.0	1.0	1.0			

G2. Visual fields a.m. Donders

	Normal	Defective	Comments:
Right eye	+		
Left eye	+		

G3. Colour vision – Ishihara Colour test 24 pl/38 pl (if not normal, refer to closer examination)

Not tested	Normal	Doubtful	Defective	Comments:
	+			

Ishihara plates passed ("x" = correctly read plates, "-" = incorrectly read plates)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	
x	x	x	x	x	x	x	x	x	x	x	x	x	x																									

G4. Hearing

	Audiometry					Speech and whisper test (metres)		
	Frequency	500 Hz	1000 Hz	2000 Hz	3000 Hz	Average	Speech	Whisper
Right ear		15	15	15	10		75m	5m
Left ear		15	15	15	15		75m	5m

G5. Clinical findings

Height (cm)	Weight (kg)	BMI	Pulse rate (/min)	Rhythm	Blood pressure (mmHg)		Urine analysis (dipstick)		
					Systolic	Diastolic	Glucose	Protein	Blood
182	75	23	70	reg	120	70	10	10	10

No	Organ or system	Normal	Abnormal	Comments
1	Head	✓		
2	Sinuses, nose, throat	✓		
3	Mouth/teeth	✓		
4	Ears (general)	✓		
5	Ophthalmoscopy	✓		
6	Pupils	✓		
7	Eye movement	✓		
8	Lungs and chest			
9	Breast examination (only when clinically indicated)			

Bogdan Yurechko
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B-I № 741288





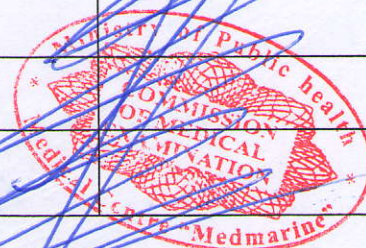
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10	Heart	✓		
11	Skin	✓		
12	Varicose veins	✓		
13	Vascular (incl. pedal pulses)	✓		
14	Abdomen and viscera	✓		
15	Hernia	✓		
16	Anus (not rectal. Only when clinically indicated)	✓		
17	GU system (only when clinically indicated)	✓		
18	Extremities	✓		
19	Spine (C, T, L, S)	✓		
20	Neurologic (full/brief)	✓		
21	Psychiatric	✓		
22	General impression	✓		

G6. Physical capacities

Physical capacity	Test used:	Result:
Strength		
Stamina		
Flexibility		
Balance and coordination		
Size		
Exercise capacity		
Fitness for specific tasks		

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Doctor
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H. RISK ASSESSMENT

H1. Possible incident(s) that could occur, based on the seafarer's medical condition				
H2. Likelihood of this (these) incident(s) occurring in a 2-year period for the employee in question	Very low (1) (<2%)	Low (2) (2-5%)	Moderate (3) (5-10%)	High (4) (> 10%)
H3. Consequences in the employee's position that could compromise safety	List		Negligible (1)	Moderate (2) Serious (3)
H4. Risk calculation (Likelihood x Consequence = Risk)	Acceptable		Acceptable if mitigated	Not acceptable
H5. Mitigation measures				
H6. Risk evaluation				

I. DECISION (individual decision – Public Administration Act)

On the basis of the employee's self-declaration, my clinical examination, the diagnostic test results recorded above and the medical reports mentioned, and pursuant to the Regulations of 5 June 2014 No. 80 on medical examination of employees on Norwegian ships and mobile offshore units, I declare the employee medically:

I1. Fitness

Function:	Look-out duties	Work with safety function	Other work on board
<input checked="" type="checkbox"/> FIT without restrictions or limitations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> FIT with restrictions or limitations (R, L)			
<input type="checkbox"/> Temporarily unfit (T)			
<input type="checkbox"/> Permanently unfit (P)			

I2. Restrictions, limitations and other conditions

Restrictions/limitations		Visual aid		Hearing aid	
Yes:	No:	Yes:	No:	Yes:	No:

If restrictions or limitations (specific position, type of ship, trade area, other conditions that shall apply), please specify:

Position:	
Function:	
Trade area:	
Validity period:	
Specific conditions:	

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13. Regular medication allowed while in service on board ship

I have considered the safety risk related to the regular use of the below listed. I find the risk acceptable, and confirm that the use of those medicines will not interfere with the safe conduct of the employee's job tasks. I have issued a separate declaration of use in accordance with this decision.

Preparation:	Generic substance:	Dosage:	Indication for medication:

14. Justification of decision

Medical grounds for decision:

Statutory basis for the decision:

M. C. "MEDMARIN"
58, Lustdorfska road,
Odesa, 65059, Ukraine
Ministry of Health
License AE №571851
Date of issue: 25.12.2014

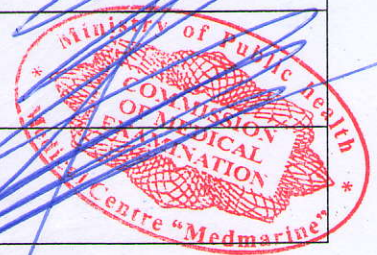
15. Signature of the seafarer's doctor

Place: **Odesa**

Date: **11.02.2019**

Signature: **Bogdan Yurechko**
Doctor
B-I № 741288

Name in typed letters and stamp: **FIT FOR DUTY**



Ukraine
MEDICAL CENTRE
"MEDMARIN" LTD
MINISTRY OF HEALTH



Україна
ТОВ "МЕДИЧНИЙ ЦЕНТР
"МЕДМАРІН"
МОЗ

58, Lustdorfska road, Odesa, Ukraine, 65059,
 tel: (38 048) 737-48-13,
 tel/fax: (38 048) 737-48-94

Люстдорфська
 дорога, 58, Одеса, Україна, 65059,
 тел: (38 048) 737-48-13,
 тел/факс: (38 048) 737-48-94

SEAFARER MEDICAL CERTIFICATE №
МЕДИЧНЕ СВДОЦТВО МОРЯКА № 002543

Medical Examinations conducted in accordance with ILO/WHO Guidelines for conducting pre-sea and periodic Medical Fitness Examinations for seafarers. Medical Certificate issued under the provisions of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended and the Maritime Labour Convention (MLC, 2006) of ILO, International Recommendations for Colour Vision Requirements for Transport.



Last name (прізвище) SHYNTAS		First name (ім'я) ALI		Middle name (по-батькові)	
Date of Birth Дата народження 24.11.1997	Place of birth (місце народження) City/Micro Country/Країна Alma-Ata Kazakhstan	Mailing address of applicant (дом адреса) Alma-Ata 2 Kalkaman, 152 Arman str, Kazakhstan		Nationality (національність) Статьа Kazakhstan	
Seaman's Book (паспорт моряка) № 09364224	Gender (стать) Male / Female чол. / жін. <input checked="" type="checkbox"/> / <input type="checkbox"/>	Position (посада) mate / штурман master / капітан <input type="checkbox"/> / <input type="checkbox"/>	radio off / радіофіцер <input type="checkbox"/>		rating/рядовий склад <input checked="" type="checkbox"/>
Declaration of recognized medical establishment (Декларація визнаного медичного закладу)					
Confirmation that identification documents were checked at the point of examination Підтвердження того, що документи, які засвідчують особу були перевірені на момент експертизи				Y (tak) / N (ni) <input checked="" type="checkbox"/> / <input type="checkbox"/>	Y (tak) / N (ni) <input checked="" type="checkbox"/> / <input type="checkbox"/>
Hearing meets the standards in section STCW A-1/9? Слух відповідає нормам розділу А-1/9 Кодексу ПДНВ?				<input checked="" type="checkbox"/> / <input type="checkbox"/>	Fit for look-out duties? Придатний для дозорних обов'язків? <input checked="" type="checkbox"/> / <input type="checkbox"/>
Unaided hearing satisfactory? Слух без корекції задовільний?				<input checked="" type="checkbox"/> / <input type="checkbox"/>	No limitations or restrictions on fitness? If "N", specify limitations or restrictions: <input checked="" type="checkbox"/> / <input type="checkbox"/>
Visual acuity meets standards in section STCW A-1/9? Гострота зору відповідає стандартам ПДНВ А-1/9?				<input checked="" type="checkbox"/> / <input type="checkbox"/>	Жодних обмежень придатності? Якщо «ні», вкажіть обмеження: <input checked="" type="checkbox"/> / <input type="checkbox"/>
Color vision meets standards in section STCW A-1/9? Кольоровий зір відповідає стандартам ПДНВ А-1/9?				<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input checked="" type="checkbox"/> / <input type="checkbox"/>
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board? Чи вільний моряк від будь-якого захворювання, яке може загостритися під час роботи в морі, чи зробити його нездатним для такої роботи або загрожувати здоров'ю інших осіб на борту судна?				<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input checked="" type="checkbox"/> / <input type="checkbox"/>
Seafarer's signature (Підпис моряка) (the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-1/9 STCW) (був проінформований про зміст свідоцтва та про право перегляду висновку відповідно до п.6 розділу А-1/9 Кодексу ПДНВ)					
Date of examination: Дата обстеження:		11 Feb. 2019		Expiry date of certificate: Дата закінчення терміну дії сертифікату:	
				11 Feb. 2021	
Signature of the authorized person Підпис уповноваженої особи медичного закладу Bogdan Yurechko B-1 № 741288			Official stamp (including name) of the issuing authority Офіційна печатка закладу, що видав документ 		
Medical examination (look overleaf) Медичний огляд (дивись на звороті)					

Medical examination (медичний огляд)

Height (зріст) 189	Weight (вага) 75	Blood pressure Тиск 120/70	Pulse Пульс 70	Respiration (дихання) NORMAL 16	General condition (загальний стан) GOOD	BMI (коефіцієнт маси тіла)	
Vision Зір	Right eye Праве око	Left eye Ліве око	Hearing Слух	Right ear Праве вухо	Left ear Ліве вухо	Yellow fever Жовта лихоманка 11.02.2019	Blood type: Група крові: AB(IV)Rh+
Without glasses Без окулярів	0.2	0.2	Whisper speech Шепітна мова	5.0	5.0	Lungs (легені) clean&normal	EKG (ЕКГ) NORMAL
With glasses З окулярами	1.0	1.0	Audiometrical inspection	NORMAL	NORMAL	X-Ray of chest Rg-легенів	Stress test Стресс-тест
Tonometry Тонометрія	NORMAL	NORMAL	Head and Neck (голова та шия)	without trauma		№ 259 11.12.2018	Heart (Cardiovascular system) (серце (серцево-судина система)
Fundus of the eye Очне дно			Extremities Кінцівки	Upper (верхні) Lower (нижні)	without trauma		
Date of last color vision test (дата останнього випробування колірної зору)					11 Feb.2019		NORMAL
Color vision test of: Тест на кольори:	Book X Книга	Lantern Ліхтар	Conclusion of Psychophysicologist about a professional fitness (висновок психофізіолога щодо професійної придатності) NORMAL			Drug and alcohol test (тест на вживання наркотиків та алкоголю) NEGATIVE	
Yellow (жовтий)	perfect		Dental examination (стоматолог)			Stool Test	Ultrasonic scanning (УЗД)
Red (червоний)	perfect		Pregnancy test (тест на вагітність)				NORMAL
Blue (синій)	perfect						
Green (зелений)	perfect						
H.I.V. ВИЧ	NEGATIVE		HEPATITIS A Гепатит А NEGATIVE		HEPATITIS B Гепатит В NEGATIVE		HEPATITIS C Гепатит С NEGATIVE
H.I.V.-TEST NEGATIVE Date 11.02.2019		HEPATITIS A NEGATIVE Date 11.02.2019		HEPATITIS B NEGATIVE Date 11.02.2019		HEPATITIS C NEGATIVE Date 11.02.2019	
Speech (deck/navigational officer and radio officer) is speech UNIMPAIRED for NORMAL VOICE COMMUNICATION? (вимова (для палубної команди, судоводіїв, радистів) без дефектів, які можуть заважати спілкуванню?)							
Analysis (дослідження):	Blood (кров):	CBC (загальний аналіз крові) normal				VDRU Сифіліс	V.D.R.L.-TEST NEGATIVE Date 11.02.2019
Sugar Blood Глюкоза	normal	L.F.T. normal Печінкові проби	K.F.T. normal Ниркові проби	Cholesterol normal Холестерин			
Urine (сеча):	normal						
Has chronic diseases, not impedimental work at-sea. Needs medical care (see recommendation in the personal medical card of seaman): Має хронічні захворювання, що не перешкоджають роботі в морі. Потребує медичного догляду згідно рекомендацій, які містяться в особистій медичній картці моряка: <input type="checkbox"/> Y (Так) <input checked="" type="checkbox"/> N (Ні)							
HE (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AT SEA AS				crew mess			
Він (вона) є (придатним) (не придатним) для роботи у морі, як							
Last name, First name, Middle name of Chief of medical commission for examination of seafarer Прізвище, ім'я та по батькові Голови медичної комісії з огляду моряків							
Name of physician's licensing and its number: Назва установи, що видала диплом і його номер:				I-FRANKIVSK MED.UNIVERSITY			
Date of issue of physician's license Дата видачі диплома лікаря				B-1 741288 25.06.1977			
Signature of the authorized person Підпис уповноваженої особи, що видає документ				Official stamp (including name) of the issuing authority Офіційна печатка закладу, що видає документ			
Bogdan Yurechko Doctor B-1 № 741288				FIT FOR DUTY DR B.V.YURECHKO			
				MINISTRY OF public health COMMISSION OF MEDICAL EXAMINATION Medical Centre "Medmarine"			

DRUG/ALCOHOL TEST REPORT

Position applied for crew mess
Name SHYNTAS ALI
Address Alma-Ata 2 Kalkaman, 152 Arman str, Kazakhstan
Age 21 Civil Status single
Weight 75 kg
Height 189 cm
Hair color dark
Eye color brown
Distinguishing Mark: NO
Date of test 11 Feb.2019



I certify that I am the same person being tested for presence of drug and alcohol in my blood/urine whose name appears on this medical record and that i have truthfully answered the questions asked regarding my well-being.

(Signature)

CERTIFICATION

I certify that laboratory examination on the blood/urine of applicant using the test on the principle:

AGGLUTINATION IMMUNOASSAY:

Did not detect presence of prohibited drugs

<u>NIL</u>	Amphetamines
<u>NIL</u>	(THC)Cannabinoids
<u>NIL</u>	(PCP) Phencyclidine
<u>NIL</u>	Cocaine
<u>NIL</u>	Morphine
<u>NIL</u>	Barbiturates
<u>NIL</u>	Opiates
<u>NIL</u>	Marijuana
<u>NIL</u>	Benzodiazepines

Detected presence of prohibited drugs

<u>-</u>	Amphetamines
<u>-</u>	(THC)Cannabinoids
<u>-</u>	(PCP) Phencyclidine
<u>-</u>	Cocaine
<u>-</u>	Morphine
<u>-</u>	Barbiturates
<u>-</u>	Opiates
<u>-</u>	Marijuana
<u>-</u>	Benzodiazepines

Examination for significant alcohol level using chromatography method:

Did not detect presence of alcohol

OTHER IMPRESSIONS:



(Medical Technical)

Psychologist



UKRAINE
MINISTRY OF HEALTH

MEDICAL CENTRE "MEDMARIN" LLC

VACCINATION CERTIFICATE №

This is to certify that Mrs/Ms/Mr Shyntas Ali

Date of birth 24.11.1997 Sex M was vaccinated

At _____

based on official records in a personal vaccinations card, following vaccinations was made

VACCINATION		RE-VACCINATION		TITERS	
MEASLES	0,5	29.01.2019	0,5		1:40
MUMPS	0,5	29.01.2019	0,5		
RUBELLA	0,5	29.01.2019			
TETANUS	10032009 0,5	29.01.2019	0,5		

Stamp

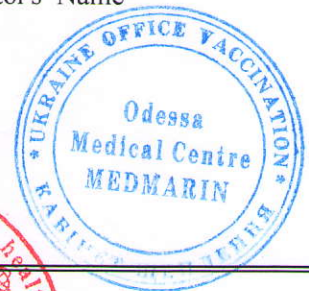
Doctor's Signature

DR B.V.YURECHKO

Doctor's Name

Date

03 FEB 2019
Bogdan Yurechko
Doctor
B-I № 741288



1. Etternavn
Family name SHYNTAS

2. Kjønn
Gender Mann Kvinne
Male Female

3. For- og mellomnavn
First and middle name ALI

4. Nasjonalitet
Nationality Kasakhstan/Kazakhstan

5. Fødselsdato
Date of birth 2 4 1 1 1 9 9 7

6. Personnummer
Norwegian personal identity number

7. Type ID dokument
Type of ID document Pass/Passport

7. Sjekk av ID
ID checked Ja Nei
Yes No

1. Hørsel møter kravene i STCW konvensjonen, avsnitt A-I/9?
Hearing meets the standards in STCW Code section A-I/9? Ja Nei
Yes No

1. Hørsel tilfredsstillende uten hjelpemidler?
Unaided hearing satisfactory? Ja Nei
Yes No

1. Synet møter kravene i STCW konvensjonen, avsnitt A-I/9?
Visual acuity meets standards in STCW Code section A-I/9? Ja Nei
Yes No

2. Fargesyn møter kravene i STCW konvensjonen, avsnitt A-I/9?
Colour vision meets standards in STCW Code, section A-I/9? Ja Nei
Yes No

3. Dato for forrige test av fargesyn
Date of last colour vision test 1 1 0 2 2 0 1 9

4. Skikket for utkikk
Fit for lookout duties? Ja Nei
Yes No

5. Skikket til sikkerhetsfunksjon?
Fit for safety function(s)? Ja Nei
Yes No

6. Skikket til annet arbeid om bord
Fit for other work on board? Ja Nei
Yes No

7. Skikket til tjeneste uten begrensninger
Fit for service without limitations or restrictions? Ja Nei
Yes No

Hvis «Nei» spesifiser begrensningen
If «No», please specify

Denne helseerklæringen er gitt ut med hjemmel i lov 16. februar 2007 nr. 9 om Skipssikkerhet § 17. Dette helseerklærings-skjemaet tilfredsstillende krav som følger av MLC-konvensjonen og STCW-konvensjonen.

This medical certificate has been issued under the provisions of Act of 16 February 2007 No. 09 relating to ship Safety and Security § 17. This certificate meets the requirements set out in the Maritime Labour Convention and the STCW convention.

8. Er arbeidstakeren fri for sykdom som det er sannsynlig vil bli verre ved å gjøre tjeneste til sjøs, eller som vil gjøre vedkommende uegnet til slik tjeneste eller sette helsen til andre personer om bord i fare?
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board? Ja Nei
Yes No

9. Sjømannslegens navn
Name of the seafarer's doctor Bogdan Yurechko

20. Sjømannslegens telefonnummer +380487374813
Seafarer's doctor's phone number

1. Sjømannslegens adresse
Seafarer's doctor's address Medical Centre "Medmarine", 58, Lustdorfska road 65059 Odesa Ukraina

2. Sjømannslegens signatur, stempel og dato for undersøkelsen
Seafarer's doctor's signature, stamp and date of health examination

3. Utløpsdato for helseerklæringen
Expiry date of the medical certificate 1 1 0 2 2 0 2 1

24. Arbeidstakerens signatur
Seafarer's signature

FIT FOR DUTY
Doctor Bogdan Yurechko
B-I № 741288

11.02.2019



INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] Shyntas Ali
 date of birth 24/11/1997 sex u
 nationality Kazakhstan
 national identification document, if applicable _____
 whose signature follows [Signature]
 has on the date indicated been vaccinated or received prophylaxis against (name of disease or condition)

Yellow Fever

in accordance with the International Health Regulations.

Vaccine or prophylaxis Vaccin ou agent prophylactique.	Date Date	Signature and professional status of supervising clinician Signature et titre du clinicien responsable
Yellow Fever	11 FEB 2019	<i>[Signature]</i> S. Segurdina No 001623
1.		
2.		
3.		

* Requirements for validity of certificate on page 2.

CERTIFICAT* INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom] _____
 né(e) le _____ de sexe _____
 et de nationalité _____
 document d'identification national, le cas échéant _____
 dont la signature suit _____
 a été vacciné(e) ou a reçu des agents prophylactiques à la date indiquée contre (nom de la maladie ou de l'affection)

conformément au Règlement sanitaire international.

Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from: until: Certificat valable à partir du : jusqu'au :	Official stamp of the administering centre Cachet officiel du centre habilité
Sanofi Pasteur France S No <u>N 3H34</u>	11 FEB 2019	Odessa Medical Centre MEDMARIN
Validity for life of person		

* Voir les conditions de validité à la page 3.