

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that LEE OSWALD SEX M
 do/consigné(e) certifie que _____
 whose signature follows/ dont la signature suit _____
 has on the date indicated been vaccinated or revaccinated against smallpox.
 a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Indicate by "X" whether Indiquer par "X" s'il s'agit de	Signature, professional status, and address of vaccinator	Approved Stamp Circulaire de Vaccination ou de Revaccination
	to Primary vaccination performed Primo-vaccination effectuée	Signature, official professional title, or office do vaccinateur	
JUN 8 1963	<input checked="" type="checkbox"/>	<i>A. J. Heidel</i> DR. A. J. HEIDEL P.O. BOX 30016 NEW ORLEANS, LA.	JUN 10 1963 NEW ORLEANS, LA.
	Reef or booster Price Unsuccessful Pas de prix		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed. (In the United States, the stamp is that of the local or State health department of the area in which the vaccinating physician practices; the Department of Defense, a designated yellow fever vaccination center, the seal of the Public Health Service, or the special "S-C" stamp approved by the latter service.)

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

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