# **EXEMPTION FROM VACCINATION (*EXEMPTON DE VACCINATION*)**

**Name of traveller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Nom de voyageur): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Date of trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Date due voyage du) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ au \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**On medical grounds due to risk for severe complications, I advise that vaccine against yellow fever should not be given to the above person.**

*(Pour des raisons médicales et en raison du risque de complications graves, je recommande de nes pas vaccine contre la fièvre jaune à la personne nommée ci-dessus)*

**Signature and professional status of supervising clinician**

*(Signature et titre du clinican responsible)*

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| Official stamp of Authorizing centre  *(Cachet official du centre habilité)* |  |  |

V**ALID FOR PERIOD OF SINGLE TRIP AS PER DATES ABOVE**