

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

**Name of traveller** .....

*(Nom du voyageur)* .....

**Date of trip from** ..... **to** .....

*(Date due voyage du)* ..... *(au)* .....

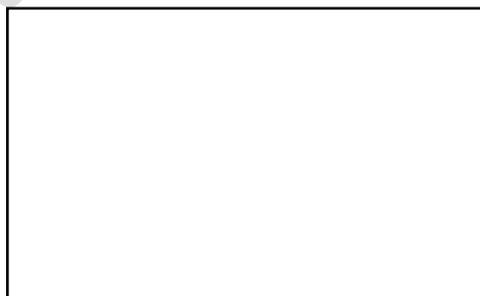
**On medical grounds, I advise that.....vaccine should not be given to the above named person.**

*(Pour des raisons médicales, je recommande de ne pas vacciner contre ..... la personne nommée ci-dessus).*

**Signature and professional status of supervising clinician**.....

*(Signature et titre du clinicien responsable)*

Official stamp of authorising centre  
*(Cachet officiel du centre habilité)*



**VALID FOR PERIOD OF SINGLE TRIP AS PER DATES ABOVE**