MEDICAL CERTIFICATE

OF EXEMPTION FROM VACCINATION

Patient´s name: _____

Date of birth: _____ / _____ / _____
day month year

This is to certify that the above named person has ***not*** been vaccinated against **YELLOW FEVER** due to

- ☐ eczema
- ☐ pregnancy
- ☐ less than one year of age
- ☐ other namely serious and disproportional risk for severe complications with the yellow fever vaccine.

Date: _____ / _____ / _____
day month year

Official stamp of medical unit

Physician´s signature:

_____