

I, undersigned Doctor ....., certify that:

LAST NAME: ..... First name: .....

Born on ...../...../..... in .....

Address: .....

Postcode: ..... CITY: ..... COUNTRY: .....

Mobile phone number: ...../...../...../...../.....

**PLEASE CONTACT THE HEALTH CENTER (SUMPPS) IF YOU HAVE ANY QUESTION**  
**[SUMPPS@UNIV-LILLE.FR](mailto:SUMPPS@UNIV-LILLE.FR)**

**1) Regarding diphtheria – tetanus - pertussis vaccine** (according to the recommendations published in the 2013 Epidemiological Record)

	Type of vaccine	Lot and producer	Date
1 <sup>st</sup> injection			
2 <sup>nd</sup> injection			
3 <sup>rd</sup> injection			
4 <sup>th</sup> injection			
5 <sup>th</sup> injection (6 years old)			
6 <sup>th</sup> injection (11 years old)			

**2) Regarding Hepatitis B (HBV) vaccine: COMPLETE SCHEDULE AND DOSE of MANDATORY anti-Hbs and anti-Hbc antibodies**

	Type of vaccine	Lot and producer	Date
1 <sup>st</sup> injection (M0)			
2 <sup>nd</sup> injection (M1)			
3 <sup>rd</sup> injection (M6)			
<b>Dose:</b> Anti-Hbs antibodies Anti-Hbc antibodies Hbs Ag:	<b>Date:</b> <b>Date:</b> <b>Titre:</b> <b>Titre:</b>  <i>For a complete schedule: anti-Hbs antibodies &gt; 10</i> <i>For an incomplete schedule: anti-Hbs antibodies &gt; 100</i>		
Booster 1 (anti-Hbs= )			

**3) Intracutaneous reaction in a tuberculin test (TUBERTEST: injection to 5 IU of tuberculin)**

Date: \_\_\_\_\_ Value of the test (in mm induration):  
**within 72h**

**4) Regarding COVID-19 vaccine: COMPLETE SCHEDULE**

	<b>Name of vaccine</b>	<b>Lot and producer</b>	<b>Date</b>
<b>1st injection</b>			
<b>2nd injection</b>			
<b>3<sup>rd</sup> injection</b>			

**If no 2nd injection, specify reason:**

**Delivered to the addressee in person,**

**Signed on .....**

**Signature + Stamp:**

**PLEASE SEND US THIS DOCUMENT BEFORE ARRIVING IN FRANCE AND PLACE A COPY IN YOUR VACCINATION RECORD.**