Form 156/u – 93
Confirmed by
Ministry of Health of
the Russian Federation
dated 00/00/0000 №000

CERTIFICATE
of prophylactic immunization

Surname	***IVANOV***
Name	***IVAN***
Patronymic	***IVANOVICH***
DOB	***00/00/0000***
Region	
City	***EKATERINBURG***
Place of residence	
Date of issue	

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Influenza vaccine

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Name and stamp of institution Doctor's signature

Measles vaccine

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Name and stamp of institution Doctor's signature

Rubella vaccine

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Name and stamp of institution Doctor's signature

Immunization against infectious parotitis

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Name and stamp of institution Doctor's signature

Immunization against measles, rubella and parotitis (combined)

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Name and stamp of institution Doctor's signature

Polio vaccine

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Name and stamp of institution Doctor's signature

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Immunization against diphtheria, pertussis, tetanus (combined vaccine against diphtheria, pertussis and tetanus - DTP; modified diphtheria and tetanus vaccine – Td; diphtheria and tetanus vaccine – DT; monovalent diphtheria vaccine – d; monovalent tetanus vaccine – T)

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Name and stamp of institution Doctor's signature

Immunization against TB

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Result	Name and stamp of institution Doctor's signature

PPD test

Date of immunization	Date of record	Result	Name and stamp of institution Doctor's signature

Previous infectious disease

Name of disease	Date (day, month, year)	Name and stamp of institution Doctor's signature

Immunization against virus hepatitis B

Date of immunization	Name of vaccine	Dose	Series	Expiration date	Name and stamp of institution Doctor's signature
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