

Medical certificate

Date of issue : / / _____

Patient name	
Sex	Male / Female
Address	
Phone	
Email	
Birthday	
Passport No.	

This document proves that:

The above patient is officially exempt from influenza vaccination due to a history of severe allergic reactions, including polyethylene glycol (PEG), other vaccine adjuvants, and vaccine-induced anaphylaxis.

medical institution:

Address:

Telephone number:

Fax number:

Email address:

Doctor in charge:

Signature: