

Date: ___/___/___
mm dd yy

FERDINAND SALCEDO, MD, MPH, CESO IV
Director IV
Bureau of Quarantine

This is to refer/ endorse the personnel listed below to avail the required medical quarantine services in your Bureau.

NAME OF CLIENT	YELLOW FEVER		
	For VACCINATION*	For RE-VACCINATION**	For RE-ISSUANCE OF ICV CARD

**For first time Yellow Fever vaccine clients*

***For clients previously vaccinated against Yellow Fever needing re-vaccination or booster*

Put an X mark for every column of choice.

Write/ input 'Nothing Follows' on the next row after the name of the last seafarer to be referred. Use another sheet of the form as necessary.

If the personnel listed above is/are not physically present during re-issuance of ICV card, a representative should present an authorization letter from the company and a valid ID.

Thank you.

Sincerely,

HEAD OF AGENCY/ AUTHORIZED PERSONNEL
SIGNATURE ABOVE PRINTED NAME