

## Polio vaccination certificate

**How to complete an International Certificate of Vaccination or Prophylaxis (ICVP) for polio**

### Supply of the ICVP

With effect from **Friday 26th January 2024**, Harlow Printing Ltd will be taking orders for extra supplies of the International Certificate of Vaccination or Prophylaxis (ICVP). [Please visit their online shop](#).

Or ICVP can be ordered via their dedicated customer telephone line on **0191 4556901** or **0191 4554286**. Lines are open from Monday to Friday 08:30 to 16:30 hours (excluding Public Holidays). Please note, only card payments are accepted.

Price per pack of 10 (minimum 1 pack - maximum 30 packs): £10.00 (inc. VAT at 20% and postage and packaging).

Alternatively, purchase orders can be sent for invoicing (minimum order of 5 packs of 10) to: [contracts@harlowprinting.co.uk](mailto:contracts@harlowprinting.co.uk) or either of the account managers:

- Clare Mitchell ([clarem@harlowprinting.co.uk](mailto:clarem@harlowprinting.co.uk))
- Nicci Dickinson ([niccid@harlowprinting.co.uk](mailto:niccid@harlowprinting.co.uk))

In Scotland, additional copies of the ICVP can be ordered from [Health Protection Scotland](#) online or by calling the Travel Health Section on 0141 300 1137.

### Completing the ICVP

The ICVP for polio vaccination should be completed as follows:

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS		CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE			
This is to certify that [name] <u>Umar Khan</u>		Nous certifions que [nom] .....			
date of birth <u>23 May 1968</u> sex <u>Male</u>		né(e) le ..... de sexe .....			
nationality <u>British</u>		et de nationalité .....			
national identification document, if applicable .....		document d'identification national, le cas échéant .....			
whose signature follows <u>U. Khan</u>		dont la signature suit .....			
has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition) <u>Poliomyelitis</u>		a été vacciné(e) ou a reçu des agents prophylactiques à la date indiquée contre: (nom de la maladie ou de l'affection)			
in accordance with the International Health Regulations.		conformément au Règlement sanitaire international.			
Vaccine or prophylaxis Vaccin ou agent prophylactique	Date Date	Signature and professional status of supervising clinician Signature et titre du clinicien responsable	Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from: until: Certificat valable à partir du: jusqu'au:	Official stamp of the administering centre Cachet officiel du centre habilité
<u>Poliomyelitis</u>	<u>11 June 2014</u>	<u>A. N. Omer RGN</u>	<u>Sanofi Pasteur XX - XXX</u>	<u>11 June 2014 10 June 2015</u>	<u>Practice Stamp</u>

## Name, date of birth and gender

The recipient's name should be written the same as it appears on their passport. For date of birth, the day and the year should be written in numbers and the month in text (see image). This format is to avoid confusion with other countries that write the date differently from the UK.

See [additional information for transgender travellers](#).

## National identification (ID) document

Citizens of some countries are issued with a national identification (ID) document/card. The ICVP has been developed for universal use and documentation of national ID is more applicable to those who are nationals of such countries. There is no equivalent to a national ID document/card in the UK. It is acceptable to leave this blank.

## Signature of vaccine recipient

The vaccine recipient is required to sign their ICVP following receipt of polio vaccine. Those unable to write should make a mark, which should be countersigned by another present, as proof of that

person's mark. The signature does not imply consent for vaccination; consent should be obtained separately.

## **Children**

There is no regulation at what age a child can sign their ICVP. A certificate issued to a child who is unable to write should be signed by a parent or guardian (see above for those not able to write).

## **'Vaccine or prophylaxis' box**

'Poliomyelitis' should be written in the 'vaccine or prophylaxis' box. The trade name of the vaccine should not be written anywhere on the certificate. Details of administration of tetanus/diphtheria/inactivated polio should be recorded elsewhere for future reference.

## **Date of administration**

The date of administration should be written in the same format as that written for the date of birth (see above).

## **Signature and professional status of supervising clinician**

The certificate must be signed by the clinician (doctor, nurse or pharmacist) who administered the vaccine. Their professional status should be included (e.g. MBBS; RN/RGN; GPC/RPharmS).

## **'Manufacturer and batch no.' box**

The name of the vaccine manufacturer and the batch number should be recorded. It is not necessary to write the expiry date of the vaccine on the certificate.

## **Valid from and expiry date**

The certificate becomes valid immediately following administration of the vaccine. The date format should be the same as that used for the date of birth (see above). The certificate is valid for one year from the date the vaccine was administered (see image). The format should be the same as the date of birth (see above).

## **Official stamp of the administering centre**

The official stamp is the practice stamp or Yellow Fever Vaccination Centre stamp.

## **'Passport number or travel document number'**

On the front cover of the ICVP booklet, travellers can add their passport number if they wish. They do not need to bring their passport with them to the appointment unless they have changed their name and are requesting a duplicate certificate or a new certificate in their new name.

## **Record keeping at the practice/clinic**

It is necessary for separate records to be kept of the administration of the polio vaccine for one year. Within one year a duplicate could be issued if the original was lost or a new certificate could be issued if the recipient changes their name.

## **Certificates issued retrospectively**

Assuming that all the details are recorded in the traveller's notes in order to correctly complete the certificate (date of administration, manufacturer, batch number etc), a traveller who has received poliomyelitis within the previous twelve months can have a certificate issued retrospectively.

## **Yellow fever & polio vaccine documented on the same ICVP**

NaTHNaC does not recommend this. It is necessary to complete the section '*.....has on the date indicated been vaccinated against .....*' with the name of the disease. Writing more than one disease in this section could result in the certificate being challenged (NaTHNaC opinion). We therefore advise a separate certificate is written for each disease (i.e. poliomyelitis OR yellow fever) until further information becomes available.

## **REFERENCES**

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