

Certificate of immunisation against meningococcal meningitis A, C, W₁₃₅ and Y

To whom it may concern*
لمن يهمه الأمر

This patient

has been vaccinated against meningococcal
meningitis A, C, W₁₃₅ and Y

هذا المريض

الشوكية "الالتهاب السحائي" إيه، سي، دبليو₁₃₅ و واي

Doctor/Nurse signature

توقيع الطبيب:

Doctor/Nurse

(BLOCK CAPITALS PLEASE)

اسم الطبيب:

(نرجو تدوين الاسم بكتابة واضحة)

Date/Practice stamp

/ / 20 ختم العيادة:

*Arabic translation underneath

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. By reporting side effects you can help provide more information on the safety of this medicine.