TYPHUS

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER

OTHER IMMUNIZATIONS

DATE	TYPE	LOT NO.	AMT.	MEDICAL OFFICER

SENSITIVITY TESTS (*Tuberculin, Schick, etc.*)

DATE	TYPE	DOSE	ROUTE	RESULT	MED. OFF.

UNITED STATES OF AMERICA
DEPARTMENT OF DEFENSE

CERTIFICAT DE VACCINATION

DÉLIVRÉ CONFORMÉMENT À L'ARTICLE 99 DU RÈGLEMENT SANITAIRE INTERNATIONAL

MEDICAL SERVICES · DEPARTMENT OF DEFENSE · UNITED STATES OF AMERICA · CERTIFIED IMMUNIZATION

IMMUNIZATION CERTIFICATE

ISSUED IN ACCORDANCE WITH ARTICLE 99 INTERNATIONAL SANITARY REGULATIONS

DD Form 737 (1 Sep 53)

LAST NAME—FIRST NAME—MIDDLE NAME

SERVICE NO.	DEPARTMENT	
DATE OF BIRTH	RACE	SEX

SIGNATURE OF ABOVE PERSON

REMARKS (*Drug, Foreign Protein or Serum Sensitivity, etc.*)

U. S. GOVERNMENT PRINTING OFFICE : 1956—O-386064

YELLOW FEVER

DATE	ORIGIN (*Name of manufacturer*)	BATCH NO.	PLACE OF ADMINISTRATION (*Station*)	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER

CHOLERA

•Immediate reaction, accelerated reaction, typical primary vaccinia.

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER

TETANUS

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER

TYPHOID

DATE VACCINATED	TYPE OF REACTION• AND DATE DETERMINED	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER

SMALLPOX