

UNITED STATES OF AMERICA
DEPARTMENT OF DEFENSE

CERTIFICAT DE
VACCINATION

DÉLIVRÉ
CONFORMÉMENT
À L'ARTICLE 99
DU RÈGLEMENT
SANITAIRE
INTERNATIONAL



IMMUNIZATION
CERTIFICATE

ISSUED IN
ACCORDANCE WITH
ARTICLE 99
INTERNATIONAL
SANITARY
REGULATIONS

DD Form 737 (1 Sep 53)

LAST NAME—FIRST NAME—MIDDLE NAME

Norman, Joe, Gladstone

SERVICE NO.

RA 14 515 831

DEPARTMENT

US ARMY

DATE OF BIRTH

5 Nov 33

RACE

Cau

SEX

M

SIGNATURE OF ABOVE PERSON

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

SMALLPOX

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

*Immediate reaction, accelerated reaction, typical primary vaccinia.

CHOLERA

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

TYPHOID

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

YELLOW FEVER

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

TYPHUS

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

OTHER IMMUNIZATIONS

DATE	TYPE	LOT NO.	AMT.	MEDICAL OFFICER
20/3/57	Polio	029900 A	1 C.C.	McKaiser Capt MC

SENSITIVITY TESTS (Tuberculin, Schick, etc.)

DATE	TYPE	DOSE	ROUTE	RESULT	MED. OFF.