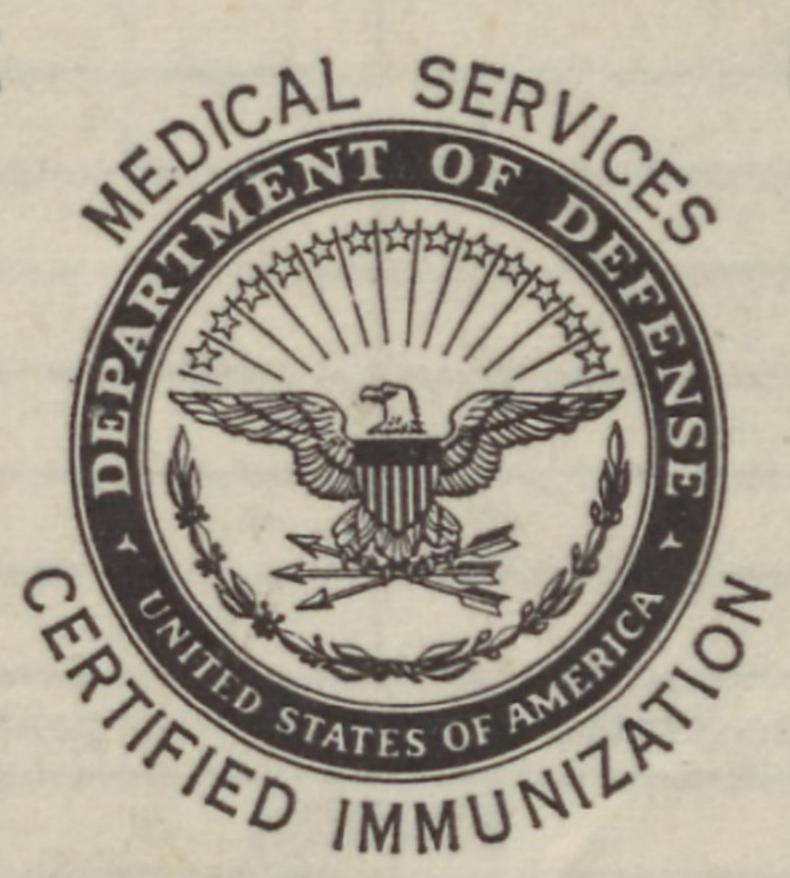
## UNITED STATES OF AMERICA DEPARTMENT OF DEFENSE

## 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 NA	ME	
Norman, Joe, Glad	stone	
SERVICE NO. RA 14 515 831	DEPARTMENT US ARMY	
DATE OF BIRTH 5 Nov 33	RACE	SEX
SIGNATURE OF ABOVE PERSON		
REMARKS (Drug, Foreign Protein or S	Serum Sensitivity, et	c.)

SMALLPOX					TYPHOID				
DATE			SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER		DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER		
*Immediate r	eaction, accelera	ted reaction	n, typical primary vaccin	ia.					
		CHOL					TETANUS		
DATE OF AMOUNT SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER		DATE OF EACH DOSE							
				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	DATE TYPE LOT NO.			AMT.	MEDICAL OFFICER				
20/3/57	Polio	02	19900 A	100	Millauser Copt MI				
111						-			
				-					
	SENSITIVITY	TE	STS (Tuber	culin, S	chick, etc.)				
DATE	TYPE		DOSE	ROUTE	RESULT	MED. OFF.			