

I. I. No.

IMMUNIZATION REGISTER¹

LAST NAME <i>Barnes, Frank L</i>		FIRST NAME <i>Frank L</i>		ARMY SERIAL NO. <i>T121010</i>	
GRADE <i>P/O</i>	COMPANY <i>C</i>	REGT. OR STAFF CORPS ² <i>807 AFABU</i>	AGE <i>27</i>	RACE <i>W</i>	

SMALLPOX VACCINE

DATE	TYPE OF REACTION ³	MED. OFFICER ³
<i>2-25-43</i>		

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ³
SERIES	1ST DOSE	2D DOSE	3D DOSE	
<i>1st</i>	<i>Stam</i>	<i>2-8-43</i>		<i>W.H.</i>

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ³		DATE	MED. OFF. ³
1st dose.				<i>1943</i>	
2d dose.	<i>1943</i>				
3d dose.					

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³
<i>2-13-43</i>			

BT A OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S LOT NO.	AMOUNT	MED. OFF. ³
<i>Typhus</i>	<i>3-10-43</i>	<i>Comp</i>		
<i>Cholera</i>	<i>2-1-43</i>	<i>Comp</i>		

M. C.
U. S. Army.

INSTRUCTIONS

1. A record will be kept on this form of all vaccinations given under the direction of medical officers to military and civilian personnel. See AR 40-210 for further details.

2. Appropriate entries will be made at the time prophylactic vaccinations are made *and the entries will be authenticated by the written initials of the medical officer making the inoculation.*

3. In the case of a civilian employee, the character of his employment (clerk, teamster, etc.) and the staff corps or department in which he is employed will be noted in the space *Regiment or Staff Corps*. A brief notation of the status of other civilians will be made in the same space.

4. All officers, warrant officers, nurses, civilians and others furnished authenticated vaccination registers will preserve them for reference purposes, to be exhibited to examining medical officers at home and to foreign health and quarantine officers upon transfer to overseas duty. See AR 615-250.

5. The duplicate copy of the immunization register will be held for at least 2 years in an alphabetical immunization file maintained with the Medical Department records of the station at which the record was prepared. See AR 40-1005.

6. Record as vaccinia, vaccinoid, or immune reaction. If there is no reaction, or if the reaction fails to conform to any of the three recognized types, *vaccination will be repeated.* The use of the term "unsuccessful vaccination" on official records will not be used.

Form 81
MEDICAL DEPARTMENT, U. S. A.
(Revised Sept. 23, 1942)

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