

6-A

IMMUNIZATION REGISTER¹

LAST NAME		FIRST NAME		ARMY SERIAL NO.	
Lewis		William D.		O-665925	
GRADE	COMPANY	REGT. OR STAFF CORPS ²	AGE	RACE	
Capt.					

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁴	MED. OFFICER ³
5-10-43	imm.	
3-9-44	imm.	

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ³
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st. comp			5-25-43	
2d.	stim		3-9-44	
3d.			2-20-45 4-20-45	

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ³		DATE	MED. OFF. ³
1st dose.	comp			5-10-43	
2d dose.				3-7-44	
3d dose.	12-29-42				

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³
1-10-43	395	1/2cc	

B.T. "B" OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT NO.	AMOUNT	MED. OFF. ³
Typhus comp.	2-1-44	7-4-44	stim	
Cholera comp.	2-5-43			

IMMUNIZATION REGISTER¹

LAST NAME		FIRST NAME		ARMY SERIAL NO.	
Lewis		William D.		O-665925	
GRADE	COMPANY	REGT. OR STAFF CORPS ²	AGE	RACE	
Capt.	Det.	A.C.	24	W.	

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁴	MED. OFFICER ³
10 May 43	Immune	
9 March 44	Immune	

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ³
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st.	Completed Series 25 May 43			
2d.	Stim.		9 March 44	
3d.	Stim.		20 Feb. 45	

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ³		DATE	MED. OFF. ³
1st dose.	Completed		Stim.	10 May 43	
2d dose.	Series		Stim.	7 March 44	
3d dose.	29 Dec. 42				

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³
10 Jan. 43	395	1/2cc	

BLOOD TYPE "B" OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT NO.	AMOUNT	MED. OFF. ³
Typhus	1 Feb. 44	Completed Series		
"	4 July 44	Stim.		
Cholera	5 Feb. 43	Completed Series		

A TRUE COPY

_____, M. C.,
U. S. Army.

A. H. Bellrose, M. C.,
A. H. BELLROSE U. S. Army Capt.

IMMUNIZATION REGISTER¹

LAST NAME <i>Lewis, William D.</i>		FIRST NAME <i>William D.</i>		ARMY SERIAL NO. <i>0-665925</i>	
GRADE <i>Capt</i>	COMPANY	REGT. OR STAFF CORPS ¹	AGE <i>23</i>	RACE <i>W.</i>	

SMALLPOX VACCINE

DATE	TYPE OF REACTION ²	MED. OFFICER ³
<i>5-10-43</i>	<i>imm.</i>	
<i>3-9-44</i>	<i>imm.</i>	

TRIPLE TYPHOID VACCINE

SERIES	DATES OF ADMINISTRATION			MED. OFFICER ³
	1ST DOSE	2D DOSE	3D DOSE	
<i>1st. Comp.</i>		<i>6-11-42</i>		
<i>2d. STIM</i>		<i>5-25-43</i>		
<i>3d.</i>		<i>3-9-44</i>		

TETANUS TOXOID

	INITIAL VACCINATION		STIMULATING DOSES	
	DATE	MED. OFF. ³	DATE	MED. OFF. ³
<i>1st dose.</i>	<i>Comp</i>		<i>5-10-43</i>	
<i>2d dose.</i>			<i>3-9-44</i>	
<i>3d dose.</i>	<i>12-9-42</i>			

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³
<i>1-11-43</i>		<i>2 cc</i>	

B.T.'B' OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT No.	AMOUNT	MED. OFF. ³
<i>Diphtheria Comp.</i>	<i>2-12-43</i>	<i>2-1-44</i>	<i>2-4-44</i>	
<i>Cholera Comp.</i>	<i>2-5-43</i>			

Ernest M. Drury, M. C.,
U. S. Army.
Capt.

IMMUNIZATION REGISTER¹

0-665925

LAST NAME <i>Lewis, William D.</i>		FIRST NAME <i>William D.</i>		ARMY SERIAL NO.	
GRADE <i>Capt</i>	COMPANY	REGT. OR STAFF CORPS ¹	AGE <i>23</i>	RACE <i>W.</i>	

SMALLPOX VACCINE

DATE	TYPE OF REACTION ²	MED. OFFICER ³
<i>5-10-43</i>	<i>Imm</i>	
<i>3-9-44</i>	<i>Imm</i>	

TRIPLE TYPHOID VACCINE

SERIES	DATES OF ADMINISTRATION			MED. OFFICER ³
	1ST DOSE	2D DOSE	3D DOSE	
<i>1st. Comp.</i>			<i>6-11-42</i>	
<i>2d. STIM</i>		<i>5-25-43</i>		
<i>3d.</i>		<i>3-9-44</i>		

TETANUS TOXOID

	INITIAL VACCINATION		STIMULATING DOSES	
	DATE	MED. OFF. ³	DATE	MED. OFF. ³
<i>1st dose.</i>	<i>Comp</i>		<i>5-10-43</i>	
<i>2d dose.</i>			<i>3-9-44</i>	
<i>3d dose.</i>	<i>12-9-42</i>			

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³
<i>1-11-43</i>		<i>2 cc</i>	

B.T.'B' OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT No.	AMOUNT	MED. OFF. ³
<i>Diphtheria Comp.</i>	<i>2-12-43</i>	<i>2-1-44</i>	<i>2-4-44</i>	
<i>Cholera Comp.</i>	<i>2-5-43</i>			

Ernest M. Drury, M. C.,
U. S. Army.
Capt.

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 vaccina, 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)