

Print this form on "normal" copy or typing paper. Flip the page over & rotate it 90 degrees. Then print the same onto the back. This will give you 2 complete early war Immunization Records. Make sure to turn off "fit to paper" in the printer settings. Cut at crop marks shown on the inside of the form.

IMMUNIZATION REGISTER¹

LAST NAME		FIRST NAME		ARMY SERIAL NO.	
GRADE	COMPANY	REGT. OR STAFF CORPS	AGE	RACE	

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 resident with military commands. See A. R. 40-215 for further details.

2. Appropriate entries will be made at the time prophylactic vaccinations are made and the entries will be authenticated by the 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 spaces.

4. All officers and warrant officers furnished completed vaccination registers will preserve them and will exhibit them to examining medical officers at the annual physical examination. The medical examining officer will transcribe pertinent immunization data to the report of the annual physical examination.

5. The duplicate copy of the immunization register will be filed alphabetically in a Medical Department immunization file at the station or command to which the individual belongs.

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.

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁶	MED. OFFICER ²

TRIPLE TYPHOID VACCINE

SERIES	DATES OF ADMINISTRATION			MED. OFFICER ²
	1ST DOSE	2D DOSE	3D DOSE	
1st				
2d				
3d				

TETANUS TOXOID

	INITIAL VACCINATION		STIMULATING DOSES		
	DATE	MED. OFF. ²		DATE	MED. OFF. ²
1st dose					
2d dose					
3d dose					

YELLOW FEVER VACCINE

DATE	LOT NO.	AMOUNT	MED. OFF. ²

OTHER VACCINES

DISEASE	DATE	TYPE OF VACCINE	DOSES	MED. OFF. ²

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MEDICAL DEPARTMENT, U. S. A.
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U. S. Army