TYPHUS

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER
16Mar66	0.5cc	E. Erickson
16Mar67	0.5cc	E. Erickson
2Apr68	0.5cc	L Parker, SpTrMC

OTHER IMMUNIZATIONS

DATE	TYPE	LOT NO.	AMT.	MEDICAL OFFICER
29Sep67	Plague			E. Erickson
29Sep67	Flu			E. Erickson
2Apr68	Plague		0.2cc	L Parker, SpTrMC

SENSITIVITY TESTS (*Tuberculin, Schick, etc.*)

DATE	TYPE	DOSE	ROUTE	RESULT	MED. OFF.

UNITED STATES OF AMERICA
DEPARTMENT OF DEFENSE

CERTIFICAT DE VACCINATION

DÉLIVRÉ CONFORMÉMENT À L'ARTICLE 99 DU RÈGLEMENT SANITAIRE INTERNATIONAL

MEDICAL SERVICES — DEPARTMENT OF DEFENSE — UNITED STATES OF AMERICA — CERTIFIED IMMUNIZATION

IMMUNIZATION CERTIFICATE

ISSUED IN ACCORDANCE WITH ARTICLE 99 INTERNATIONAL SANITARY REGULATIONS

DD FORM 737, 1 MAR 64

REPLACES EDITION OF 1 SEP 53 WHICH WILL BE USED.

LAST NAME—FIRST NAME—MIDDLE NAME

MILLER, DAVID H.

SERVICE NO.	DEPARTMENT
RA 13 989 208	US Army
DATE OF BIRTH	**SEX**
1 Apr 46	Male

SIGNATURE OF ABOVE PERSON

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