

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 58)

LAST NAME—FIRST NAME—MIDDLE NAME

Lansell, Edwin

SERVICE NO.

DEPARTMENT (Dept. of the Army)

R.O.T.C. C.C. N.Y.

DATE OF BIRTH

RACE

SEX

[Redacted]

SIGNATURE OF ABOVE PERSON

Caucasian

Male

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

Edwin Lansell

TYPHOID

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER
11/10/1967	15CC	CHY DISP. (ROTC)
11/10/1967	15CC	CHY DISP. (RUE)

TETANUS

FEVER

PLACE OF ADMINISTRATION (Station)	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER

SMALLPOX

DATE VACCINATED	TYPE OF REACTION* AND DATE DETERMINED	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER
MAR 16 1967	NEG	CCNY DISP (ROTC)

*Immediate reaction, accelerated reaction, typical primary vaccinia.

CHOLERA

YELLOW

DATE	ORIGIN (Name of manufacturer)	BATCH NO.

TYPHUS

OTHER IMMUNIZATIONS

SENSITIVITY TESTS (Tuberculin, Schick, etc.)

DATE	TYPE	DESI	ROUTE	RESULT	MED. OFF.
8 NOV 69	TIME TEST	9/10/14 mm	R&H 16 mm	REBALANCE	