

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 53)

LAST NAME—FIRST NAME—MIDDLE NAME

*Lawrell, Edwin*

SERVICE NO.

[REDACTED]

DEPARTMENT (Dept. of the army)

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

DATE OF BIRTH

[REDACTED]

RACE

*Caucasian*

SEX

*Male*

SIGNATURE OF ABOVE PERSON

*Edwin Lawrell*

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

# TYPHOID

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER
2 MAR 1967	1.5cc	CCNY DISP (ROTC)
9 APR 1967	1.5cc	CCNY DISP (ROTC)

# TETANUS

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER
9 MAR 1967	1.5cc	CCNY DISP (ROTC)
18 MAY 67	0.5	CCNY DISP (ROTC)

# 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	WEG	CCNY DISP (ROTC)

\*Immediate reaction, accelerated reaction, typical primary vaccinia.

# CHOLERA

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER

# YELLOW

DATE	ORIGIN (Name of manufacturer)	BATCH NO.

# TYPHUS

DATE OF EACH DOSE	AMOUNT	SIGNATURE, GRADE, AND SERVICE OF MEDICAL OFFICER

## OTHER IMMUNIZATIONS

DATE	TYPE	LCT NO.	AMT.	MEDICAL OFFICER
<del>9 MAR 1967</del>	<del>oral trivalent</del>	<del> </del>	<del> </del>	<del>CCNY DISP (ROTC)</del>
9 MAR 1967	POLIO (ORAL, TRIVALENT)			CCNY DISP (ROTC)
18 MAY 1967	POLIO (ORAL, TRIVALENT)			CCNY DISP (ROTC)

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

DATE	TYPE	DOSE	ROUTE	RESULT	MED. OFF.
8 NOV 69	TIN6 TEST	90/10	14 mm	RARIMBANC	