

**IMMUNIZATION REGISTER
AND OTHER MEDICAL DATA
(SEE AR 40-210)**

NAME (LAST, FIRST, MID, INITIAL) _____

ASN _____

Date of Birth _____ Race _____ Blood Group _____ Med. Off. _____

SMALLPOX VACCINE

Date _____ Type of Reaction _____ Med. Off. _____

TRIPLE TYPHOID VACCINE

Dates Each Dose _____ Med. Off. _____
 Dates Each Dose _____ Med. Off. _____

TYPHUS VACCINE

Dates Each Dose _____ Med. Off. _____
 Dates Each Dose _____ Med. Off. _____

TETANUS TOXOID

Dates Each Dose _____ Med. Off. _____
 Dates Each Dose _____ Med. Off. _____

CHOLERA VACCINE

Dates Each Dose _____ Med. Off. _____
 Dates Each Dose _____ Med. Off. _____

YELLOW FEVER VACCINE

Date _____ Lot No. _____ Med. Off. _____

W. D., A.G.O.
 Form 8-117
 16 August 1944
 This Form supersedes M. D. Form 81,23
 September 1942, which will not be used
 after receipt of this revision.

OTHER IMMUNIZATIONS

Type	Date	Lot No.	Amount	Med. Off.
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SPECTACLES

Place of Refraction			Date			Glasses Required Yes <input type="checkbox"/> No <input type="checkbox"/>			
V. A. With Glasses			V. A. Without Glasses						
od	os	ou	od	os	ou	od	os	ou	
Sphere		Cylinder	Axis		Prism	Dec. In.			
od									
os									
Add.									
Bifocal Segment				Frame					
Height		Inset		P. D.		Bridge		Eye Size	Temple
mm.		mm.							
Position of Eyeglass Gas Mask M-1 :						Size of Gas Mask :			
Commercial Type No. of Prs.....			Eyeglass Gas Mask M-1						
Date Ordered		Date Issued		Date Ordered		Date Issued			

DENTURES

Type	* Dates inserted if made in service
Full Upper
Full Lower
Partial Upper
Partial Lower

* Check if present when inducted or ordered to active duty.

DRUG OR SERUM SENSITIVITY

Drug of Serum
Date or Reaction
Type of Reaction
Severity	Med. Off. _____

Remarks :

Cres.—32205.

Print on regular, A4 printer paper (approximately 70-80gsm).
 Print on both sides to produce two Immunization Registers.

When printing, be sure to disable any fitting options in the
 print dialogue to ensure the final print is the correct dimensions.



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