

CF *Sten 3274y* 61V

IMMUNIZATION REGISTER¹

LAST NAME NELSON		FIRST NAME LEROY R.		ARMY SERIAL NO. 33281039	
GRADE 2nd Lt	COMPANY	REGT. OR STAFF CORPS ³	AGE	RACE	

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁶	MED. OFFICER ²
6-26-42	<i>Vaccinia</i>	<i>DDC</i>
3-20-44	<i>Imm</i>	<i>DDC</i>

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ²
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st	6-29-42	7-8-42	7-16-42	<i>DDC</i>
2d		<i>Imm</i>	2-17-44	<i>DDC</i>
3d		<i>Skinn</i>	3-22-45	<i>DDC</i>

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ²		DATE	MED. OFF. ²
1st dose	6-26-42	<i>DDC</i>	<i>Imm</i>	8-18-43	<i>DDC</i>
2d dose	7-24-42	<i>DDC</i>		2-17-44	<i>DDC</i>
3d dose	8-15-42	<i>DDC</i>		12-15-44	<i>DDC</i>

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³
3-4-44	335-AB	$\frac{1}{2}$ cc	<i>DDC</i>

OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT NO.	AMOUNT	MED. OFF. ²
<i>Typhus</i>	2-23-44	2-28-44	3-3-44	<i>DDC</i>
<i>Cholera</i>	2-23-44	2-28-44	<i>comp</i>	<i>DDC</i>
<i>Cholera</i>	9-6-44	<i>Imm</i>		<i>DDC</i>
<i>Cholera</i>	3-15-45			<i>DDC</i>
<i>Cholera</i>	13 AUG 1945			<i>DDC</i>

BLOOD TYPE "O"

Donald D Corlett Major, M. C., U. S. Army.

True Copy

IMMUNIZATION REGISTER¹

LAST NAME		FIRST NAME		ARMY SERIAL NO.	
Nelson,		Leroy R.		3328 1039	
GRADE	COMPANY	REGT. OR STAFF CORPS ³	AGE	RACE	
2nd Lt					

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁶	MED. OFFICER ²
6-26-42	Vaccinia	DDC
3-20-44	Immune	DDC

TRIPLE TYPHOID VACCINE

SERIES	DATES OF ADMINISTRATION			MED. OFFICER ²
	1ST DOSE	2D DOSE	3D DOSE	
1st	6-29-42	7-8-42	7-16-42	DDC
2d		Skin	2-17-44	DDC
3d				

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ²		DATE	MED. OFF. ²
1st dose	6-26-42	DDC	Skin	8-18-43	DDC
2d dose	7-24-42	DDC		2-17-44	DDC
3d dose	8-13-42	DDC			

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ²
3-4-44	335-AB	1/2 cc	DDC

OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT NO.	AMOUNT	MED. OFF. ²
Typhus	2-23-44	2-28-44	3-5-44	DDC
Cholera	2-23-44	2-28-44	Comp	DDC
"	23 AUG 1945			DDC

Blood Hypo

Donald A. Corlett Major, M. C.,
U. S. Army.

IMMUNIZATION REGISTER¹

LAST NAME NELSON, LEROY R.		FIRST NAME R.	ARMY SERIAL NO. 0-753296	
GRADE 2nd Lt.	COMPANY	REGT. OR STAFF CORPS ³	AGE 25	RACE W

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁶	MED. OFFICER ²
6-26-42	Vaccinia	DDC
3-20-44	Imm	DDC

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ²
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st	6-29-42	7-8-42	7-16-42	DDC
2d		Stim.	2-17-44	DDC
3d		Stim	3-22-45	DDC

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ²		DATE	MED. OFF. ²
1st dose	6-26-42		Stim.	8-18-43	DDC
2d dose	7-24-42			2-17-44	DDC
3d dose	8-13-42		"	12-15-44	DDC

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ²
3-4-44	335-AB	1/2cc	DDC

OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT NO.	AMOUNT	MED. OFF. ²
Typhus	2-23-44	2-2P-44	3-5-44	DDC
Cholera	2-23-44	2-2P-44	cosup	DDC
"	9-3-44	STIM		DDC
TYPUS	12-15-44	STIM		DDC
"	3-15-44	"		DDC

BLOOD TYPE "O"

DONALD D. CORLETT, Major.

_____, M. C.,
U. S. Army.

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. See AR 40-210 for further details.

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

4. All officers, warrant officers, nurses, civilians, and others furnished authenticated vaccination registers will preserve them for reference purposes to be exhibited to examining medical officers at home and to foreign health and quarantine officers upon transfer to overseas duty. See AR 615-250.

5. The duplicate copy of the immunization register will be held for at least 2 years in an alphabetical immunization file maintained with the Medical Department records of the station at which the record was prepared. See AR 40-1005.

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.

Form 81
MEDICAL DEPARTMENT, U. S. A.
(Revised Sept. 23, 1942)