HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be made in block letter

VACCINATION AGAINST SMALLPOX *(Number of previous vaccination scars)*

	DATE	ORGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						

YELLOW FEVER VACCINE

	DATE	ORGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1					
2					
3					

TYPHOID VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

TETANUS-DIPHTHERIA TOXOIDS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

CHOLERA VACCINE

	DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1			4			7		
2			5			8		
3			6			9		

PATIENT'S IDENTIFICATION *(Mechanically Imprint, Type or Print):*

Patients's Name--last, first, middle initial;
Sex, Age or Year of Birth; Relationship to Sponsor;
Component/ Status; Department/ Service.

Sponsor's Name--last, first, middle initial;
Rank/Grade; SSN or Identification Number;
Organization.

601-105

IMMUNIZATION RECORD
Standard Form 601--October 1975 (Rev.)
General Services Administration & Interagency
Committee on Medical Records
FIRMR (4) CFR) 201-45.505

ORAL POLIOVIRUS VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

OTHER IMMUNIZATIONS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				5			
2				6			
3				7			
4				8			

SENSITIVITY TEST (*Tuberculin, etc.)*

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						

REMARKS:

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO.2

* U.S.GPO:1997-427-590/69093