

IMMUNIZATION REGISTER ¹

LAST NAME		FIRST NAME		ARMY SERIAL NO.	
GRADE	COMPANY	REGT. OR STAFF CORPS	AGE	RACE	

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁶	MED. OFFICER ²
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TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ²
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st.....	-----	-----	-----	-----
2d.....	-----	-----	-----	-----
3d.....	-----	-----	-----	-----

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ²		DATE	MED. OFF. ²
1st dose.	-----	-----	-----	-----	-----
2d dose.	-----	-----	-----	-----	-----
3d dose.	-----	-----	-----	-----	-----

YELLOW FEVER VACCINE

DATE	LOT NO.	AMOUNT	MED. OFF. ²
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OTHER VACCINES

DISEASE	DATE	TYPE OF VACCINE	DOSES	MED. OFF. ²
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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 resident with military commands. See A. R. 40-215 for further details.

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

4. All officers and warrant officers furnished completed vaccination registers will preserve them and will exhibit them to examining medical officers at the annual physical examination. The medical examining officer will transcribe pertinent immunization data to the report of the annual physical examination.

5. The duplicate copy of the immunization register will be filed alphabetically in a Medical Department immunization file at the station or command to which the individual belongs.

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 January 23, 1941)

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-----, M. C.
U. S. Army.

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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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