

NAVMED-585
(REV. 8-45)

U. S. Navy Immunization Record

NAME

RANK OR
RATE

FILE OR
SERVICE No.

TYPE	IMMUNIZED DATE	M. O.	BOOSTER DATE	M. O.
COWPOX	3 Nov-45	P.V.H.		
TYPHOID	19-Sept-45	A.Y.U.	Boos.	
TETANUS	19-Sept-45	A.Y.U.	Boos.	
TYPE	DATE	M. O.	BOOSTER DATE	M. O.
TYPHUS (1ST)				
TYPHUS (2D)				
CHOLERA (1ST)				
CHOLERA (2D)				

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