

Print this form on "normal" copy or typing paper. Flip the page over & rotate it 90 degrees. Then print the same onto the back. This will give you 2 complete late war Immunization Records. Make sure to turn off "fit to paper" in the printer settings. Cut at crop marks shown on the inside of the form.

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

NAME (LAST, FIRST, MID. INITIAL)			ASN
DATE OF BIRTH	RACE	BLOOD GROUP	MED. OFF.
<b>SMALLPOX VACCINE</b>			
DATE	TYPE OF REACTION	MED. OFF.	
<b>TRIPLE TYPHOID VACCINE</b>		<b>TYPHUS VACCINE</b>	
DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
<b>TETANUS TOXOID</b>		<b>CHOLERA VACCINE</b>	
DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
<b>YELLOW FEVER VACCINE</b>			
DATE	LOT No.	MED. OFF.	

**OTHER IMMUNIZATIONS**

TYPE	DATE	LOT NO.	AMOUNT	MED. OFF.

**SPECTACLES**

PLACE OF REFRACTION	DATE	GLASSES REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
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**V. A. WITH GLASSES**

**V. A. WITHOUT GLASSES**

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 OR SERUM	
DATE OF REACTION	
TYPE OF REACTION	
SEVERITY	MED. OFF.

REMARKS:

**WD AGO FORM 8-117**  
**15 AUG 1944**

This form supersedes WD MD Form 81, 23 Sep 1942, which will not be used after receipt of this revision.  
16-42494-2