

DEPARTMENT OF PUBLIC HEALTH
IMMUNISATION RECORD

Name *Katherine Tustad* S.D. No.

Parent's Name Address

DIPHTHERIA TOXOID

Date

Dr.'s Signature

1st Dose

2nd Dose

3rd Dose

Sept. 1942

Dr. Tustad

SMALLPOX VACCINE

SCARLET FEVER TOXIN

1st Dose

2nd Dose

3rd Dose

4th Dose

5th Dose

Remarks

This is a permanent record.

Do not destroy.

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION RECORD

Name Kath Tada, Age..... S.D..... No.....

Parent's Name..... Address.....

DIPHTHERIA TOXOID Date Dr.'s Signature

1st Dose

2nd Dose

3rd Dose

SMALLPOX VACCINE

SCARLET FEVER TOXIN

1st Dose 9/6/42

2nd Dose 2/3/42

3rd Dose 1/7/42

4th Dose 7/15/42

5th Dose 11/7/42

(Handwritten signature in a circle)

Remarks.....

.....
This is a permanent record to be kept by parents.
Do not destroy.