(OD)	Ocular dexter Oculaire droit				
(OS)	Ocular sinister Oculaire gauche				

Add _____ Base curve _____

Addition _____ Courbe base _____

Other _____

Autre _____

OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED
Autres immunisations/prophylaxies reçues

(immune globulin, malaria, measles, etc.)

Date	Vaccine/prophylactic drug Vaccin/drogue prophylactique	Dose	Physician's signature Signature du médecin
			SMALLPOX VACCINE

27 MAY 1988	INFLUENZA TRI/VAC		[illegible]
27 MAY 1988	TB MONO/VACC		NE
27 MAY 1988	MENINGOCOCCAL GP.C		.5[illegible]
27 MAY 1988	TB # 1		.5[illegible]
06 JUL 1988	TB # 2		.5[illegible]
06 JUL 1988	ORAL POLIO # 1		2 DT[illegible]
31 May 88	ONE TU PPD		
6 Jun 88	IPPD (STO)	negative	Sue
18 OCT 1988	CONN 8J91113	FLU 0.5cc	[illegible]
25 Nov 88	OPU (2)	9 Hs	RM
24 Feb 89	OPX (3)	2 Hs	RM
24 Feb 89	TYPHOID (1)	0.5	RM
5 JUN 89	Typhoid (2)	.5cc	MLeR
5 JUN 89	Tet-Diph (3)	.5cc	MLeR
8 SEP 1989	CONN 9J01132	FLU 0.5cc	
6 Feb 90	TPPD		
19 Nov 90	TBMU	done	[illegible]
1 Nov 90	IPPD	Dmm	[illegible]

FLU VAC.
OJ 1164
CONN.
01990

Flu shot: Place in your shot record
Manf. Connaught; Lot# 1[illegible]1118
Date [illegible] Signature [illegible]