Standard Form 601
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32 0109-201-7000

HEALTH RECORD	IMMUNIZATION RECORD	*All entries in ink to be made in block letters*

VACCINATION AGAINST SMALLPOX *(Number of previous vaccination scars)*

	DATE	ORIGIN	BATCH NUMBER	RESULT* 2-3 DAYS	RESULT* 7-10 DAYS	STATION	PHYSICIAN'S NAME
1	AUG 28 1970						
2							
3	4SEPT71	T357J0	DC			3RD FSR	Al Mannotti HM3
4	1972 6 29	Wyeth	290-101			2n Cny 3n	
5							
6							

ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	AUG 28 1970	.5			7				
2					8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	AUG 28 1970	.5			4				
2					5				
3					6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
TEST					TEST				
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1	AUG 28 1970	.5			7				
2	4SEPT71	.5cc	212-129	Mannotti HM3	8				
3	1972 6 29	Wyeth	100-201		9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1	Aug 70	NRC			
2					
3					

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	Cau	PFC	2 Hq Bn	USMC	DOD

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
Giacobbe SAM LOUIS	16 MAY 51	2442175

067-42-4835

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1	AUG 28 1970	Flu	1.0			
2	AUG 28 1970	Plague	.1			
3	3 Dec 71	PLAGUE #2	0.5			
4	1972 6 2 9	Tetanus	.1			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS (*Tuberculin, etc.*)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	AUG 28 1970	PPD	.1			
2						
3	[illegible]	ppd	.1cc	ID		
4						
5						
6						
7						
8						
9						
10						

REACTIONS (*To transfusions, drugs, sera, foods, allergens, etc.*)

	DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1					
2					
3					
4					
5					

BLOOD TYPING

	DATE	TYPE (*International*)	Rh FACTOR	PHYSICIAN'S NAME
1				
2				
3	NOV 1 1971	A	POS	

REMARKS AND RECOMMENDATIONS (*Including history of diseases for which any of the above immunizing agents were given with year and place of attack*)

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO 2.

STD 601 (11-52)

Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A—32 (Rev.)

HEALTH RECORD — DENTAL

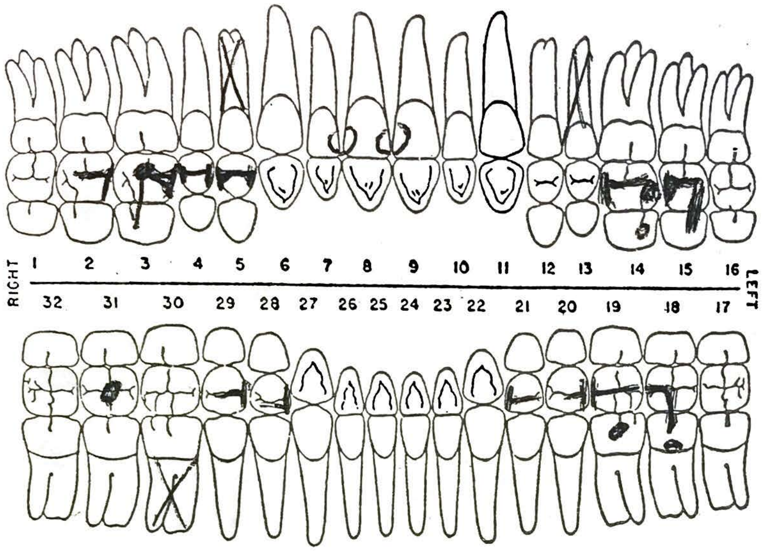
SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION: ☐ INITIAL ☐ SEPARATION ☒ OTHER (Specify) REPLACEMENT

2. TYPE OF EXAM.: ☐ 1 ☒ 2 ☐ 3 ☐ 4

3. DENTAL CLASSIFICATION: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. MISSING TEETH AND EXISTING RESTORATIONS



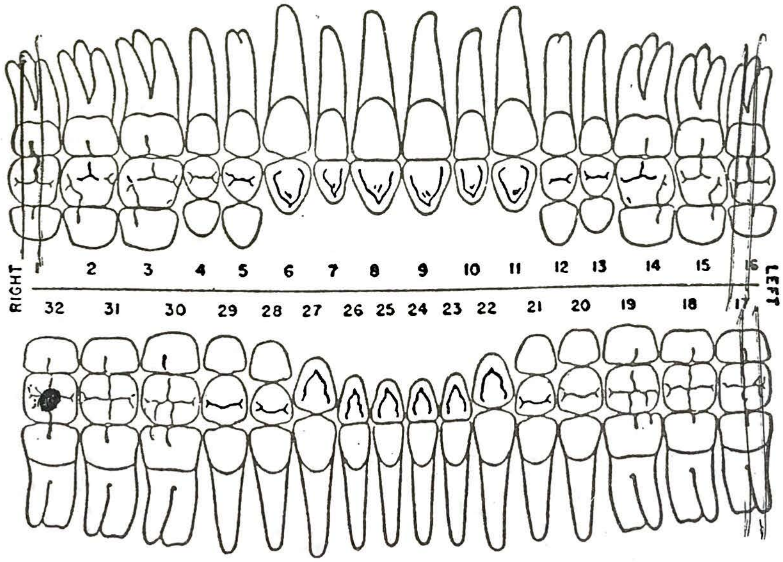
REMARKS

PLACE OF EXAMINATION: NDC, CAMP PEND., CAL.

DATE: 17 SEP 70

SIGNATURE OF DENTIST COMPLETING THIS SECTION: R. M. KAUTH, LT DC USNR

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS: ☒ SLIGHT ☐ MODERATE ☐ HEAVY

B. PERIODONTOCLASIA: ☐ LOCAL ☐ GENERAL ☐ INCIPIENT ☐ MODERATE ☐ SEVERE

C. STOMATITIS (Specify)

☐ GINGIVITIS ☐ VINCENT'S

D. DENTURES NEEDED (Include dentures needed after indicated extractions)

FULL: ☐ U ☐ L PARTIAL: ☐ U ☐ L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION: ☐ FULL MOUTH PERIAPICAL ☐ POSTERIOR BITE-WINGS ☐ OTHER (Specify)

DATE: 17 SEPT 1970

PLACE OF EXAMINATION: NAVAL DENTAL CLINIC, CAMP PENDLETON, CAL.

SIGNATURE OF DENTIST COMPLETING THIS SECTION: R. M. KAUTH, LT DC USNR

SECTION II. PATIENT DATA

6. SEX M	7. RACE CAUC	8. GRADE, RATING, OR POSITION PFC	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH USMC	11. SERVICE, DEPT., OR AGENCY USN

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: GIACOBBE, Sam Louis

13. DATE OF BIRTH (DAY-MONTH-YEAR): 16 MAY 1951

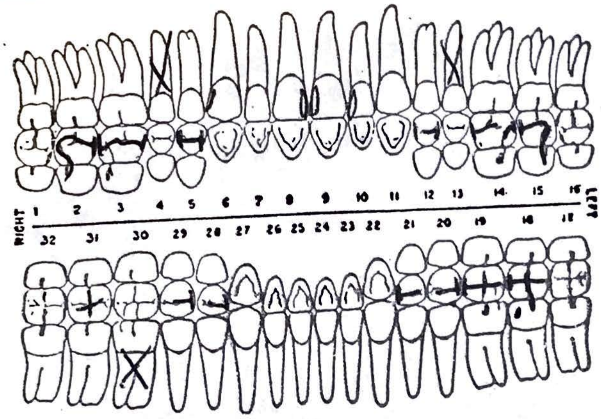
14. IDENTIFICATION NO.: 244 21 78

SSN 067-42-4236

DENTAL
Standard Form 603
603—102—01

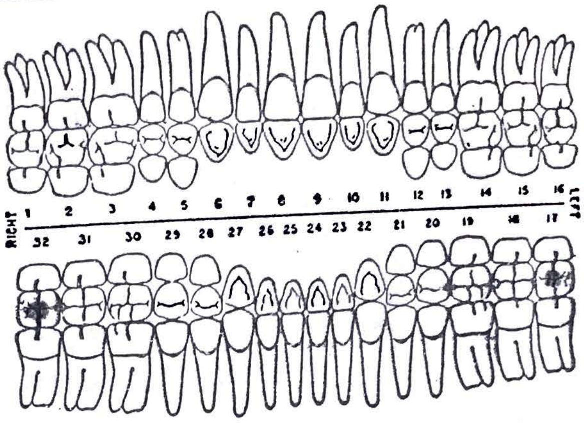
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
24Sep70	Record Verified - T-2 exam 6-D-Am 80-M-SIL-12-DO-operate under	2 II	H.R. Hedges 1 Dent Co Ofc 2D DenCo, 2D MarDiv	
20 OCT 1971	T-2 Exam SnF2			

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

☆ U. S. GOVERNMENT PRINTING OFFICE : 1966 O - 215-195