



# MEDICAL CLEARANCE CERTIFICATE

1st		2nd		3rd		4th		5th	
(25) Dates of Disinfection		AL. S. H. K. J.		HEAT.		I.		OTHER	
(26) PHYSICAL CONDITION ON ARRIVAL									
L.	M.	C. D.	D.						
REMARKS									
(27) IMMUNIZATION RECORD									
Type	Dose	Date	Initials						
T (Epid)	1.								
	2.								
	3.								
D.	1.								
	2.								
T. T. (Tab.)	1.								
	2.								
	3.								
O.									
S. Vacc. Read.	Date	Initials	Reaction						
			I. V. VA.						
(28) Final Medical Inspection —:									
Arrival Medical Inspection —:			Date						
(29) MOVEMENT AUTHORIZATION OR VISA			Date						
Medical Examiner			M. R.						
(30) RECEPTION CENTER RECORD									

(31) SUPPLEMENTARY RECORD

Temporary identity certificate issued—:

	Number	Date	Signature of Authority