Continued Cont	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 (24) REMARKS	DP:4
--	--	------

	RAT. OTHER identity	T		The state of the s							-	+				Date	M. R.		CENTER		
MEDICAL CLEARANCE CERTIFICATE	D. D.T. AL. 0	-	ITION ON (27) IMMUNIZATION	THE THE	L M. C. D. D. (Epid) 2.	3.	REMARKS D. I.	01 - F		0.		S. Date Initials	Vacc.	Kead.	Arrival Medical (28) Final Medical Inspection —:	Date	THE RESERVE THE PARTY OF THE PA	Medical Examiner Medical Examiner	HORIZA- (3		