

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

(31) SUPPLEMENTARY RECORD

Temporary identity certificate issued --:

Number Date Signature of Authority

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