

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

(31) SUPPLEMENTARY RECORD		
Temporary identity certificate issued—:	Number	Date
		Signature of Authority
<p>M. J. DANZIG DEPUTY DIR. UNHRA TEAM 50 BERLIN</p>		