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PATIENT'S IDENTIFICATION (Mechanically Imprint, Type or Print):



Patient's Name—last, first, middle initial; Sex; Age or Year of Birth; Relationship to Sponsor; Component/Status; Department/Service.



Sponsor's Name—last, first, middle initial; Rank/Grade; SSN or Identification Number; Organization.

IMMUNIZATION RECORD

Standard Form 601—October 1975 (Rev.) General Services Administration & Interagency Committee on Medical Records FIRMR (41 CFR) 201–45.505

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REMARKS: