

ROYAL AIR FORCE
OFFICER'S MEDICAL RECORD CARD

SURNAME

CHRISTIAN NAMES

PERSONAL NUMBER

Any person finding this card is requested to hand it in to any R.A.F. Station or Recruiting Centre, Post Office or Police Station for transmission (post free) to the Under-Secretary of State, Air Ministry (A.R.C.), London, W.C.2.

MEDICAL CLASSIFICATION

Date	Category	*Authority	Initials and Rank of M.O.
2/7/45	M. 101/45 Grippe	Copy F. H. J. P.	

PROTECTIVE INOCULATION

Date	Nature of Vaccine, etc.	Dose	Initials and Rank of M.O.	Date	Nature of Vaccine, etc.	Dose	Initials and Rank of M.O.
2/7/45	ATT	1 cc	Copy				
	T.B. 100	2 cc	Copy				
	Cholera	5	Copy				
	Cholera	10	Copy				
	T.B. 100	2	Copy				
	T.B. 100	10	Copy				

YELLOW FEVER CERTIFICATE

IMPORTANT This certificate must be retained, carried on person and produced for inspection when required.

Address of Centre:- R.A.F. Station, Waddington.

CERTIFIED THAT..... WAS INOCULATED AGAINST
YELLOW FEVER ON OCT 10 1945.....

VACCINE BATCH NO. 519.....

SIG. OF MED. OFF. *J. H. W. [Signature]*.....

* State whether Medical Board or Examination.

MEDICAL CLASSIFICATION

Date	Category	*Authority	Initials and Rank of M.O.
2/7/41	PT. 40/40. Goggles.	copy L. H. 78	

1.2

2 in front of [unclear] (1/2/41)

* State whether Medical Board or Examination.

PROTECTIVE INOCULATION

Date	Nature of Vaccine, etc.	Dose	Initials and Rank of M.O.	Date	Nature of Vaccine, etc.	Dose	Initials and Rank of M.O.
2/5	DTF	1 cc	copy				
2/7	T.B. AG.	2.5 cc	copy				
4/10	Chol.	.5	copy				
1/30	Chol.	.5	copy				
1/30	T.B. AG.	.5	copy				
2/10	DTF	1 cc	copy				

VACCINATION

Date	Result	Initials and Rank of M.O.	Date	Result	Initials and Rank of M.O.
1/10/41	1	copy L. H. 78			

**PRESCRIPTION
FOR
GLASSES**

Vision without Glasses	Sph.	Cyl.	Axis Standard Notation	Vision with Glasses	Measurements
R. 6/				6/	I.P.D.
L. 6/				6/	Bridge

Date of Prescription..... Initials of M.O.....

**BLOOD
GROUP**

Date of Examination	Blood Group		Initials and Rank of M.O.
	Moss	International	
5-1-45	B	B	J.H. Miller

**NIGHT
VISUAL
CAPACITY**

Date of Test	Score at Test	Initials and Rank of M.O.

**ARTIFICIAL
DENTURES**

Particulars	Date fitted	Whether at public expense or on repayment	Initials and Rank of M.O.
Upr. Partials	5-9-45	Public Exp.	J.H. Miller M.O.