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**OTHER IMMUNIZATIONS** (Typhus, Typhoid-Paratyphoid, Plague, Tetanus, etc.)  
**ALTRES IMMUNIZACIONES** (Typhus, Fiebre tifoidea de paratyfoides, Peste, Tétanos, etc.)

Vaccine	Date	Dose	Physician's Signature—Signature de médico

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 1-18-50

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