

Computation of Performance Scores, PFR Scores, and Rating

Test Performances		Scoring Scales			
Number of sit-ups	Number of pull-ups (chinning)	Shuttle Run		Performance and PFR scale	Composite performance scale
		Outdoor time in seconds	Indoor time in seconds		
114	24	41	41	100	300
111				99	297
108	23			98	294
105				97	291
102	22	42		96	288
99	21			95	285
96		43	42	94	282
93	20			92	276
90	19			90	270
87				88	264
84	18	44	43	86	258
81				84	252
78	17			82	246
75				80	240
73	16	45	44	78	234
72				77	231
69	15	46	45	76	228
66				74	222
63	14	47		72	216
60		48	46	70	210
57	13	49	47	68	204
54	12	50	48	66	198
52				64	192
51	11	51	49	62	186
48		52		60	180
45	10			58	174
		53	50	56	168
42				55	165
39	9			54	162
36		54	51	52	156
33	8			50	150
31		55	52	48	144
30	7	56	53	46	138
		57	54	44	132
27	6	58	55	42	126
		59		40	120
24	5	60	56	38	114
		61	57	36	108
21	4	62	58	34	102
20	3	63	59	32	96
18		64	60	30	90
15		65	61	28	84
12	2	66	62	26	78
9		67	63	22	66
6	1	68	64	18	54
3		69	65	14	42
1		70	66	10	30

EXCELLENT (E)

VERY GOOD (VG)

GOOD (G)

POOR (P)

VERY POOR (VP)

TEST RECORD

TEST NUMBER	EXAMPLE		1		2		3		4		5		6		7		8		9		10	
	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score	Test Perf. Score	Perf. Score
Sit-Ups	63	72	69	75	68	76																
Pull-Ups (Chinning)	10	58	7	45	5	38																
Shuttle Run (Outdoor or indoor)	49	68	52	60	54	52																
Composite Perf. Score		198	180	166	166	166																
PFR Score		66	60	56	56	56																
Rating		VG	G	G	G	G																

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IMMUNIZATION REGISTER¹

LAST NAME Moerbe, Norman B.		FIRST NAME	ARMY SERIAL NO. 0-759968	
GRADE	COMPANY	REGT. OR STAFF CORPS ²	AGE	RACE

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁶	MED. OFFICER ³
4/11/44	Immune	

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ³
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st	4/11/44	Stim.		
2d		2-16-45		
3d				

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ³		DATE	MED. OFF. ³
1st dose				7/16/44	Stim.
2d dose					
3d dose					

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³
12/8/43	AB 252		

OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT No.	AMOUNT	MED. OFF. ³
Cholera	12/6/43	Comp.		
Typhus	9/12/44	Stim.		

BT "O"

INSTRUCTIONS

1. A record will be kept on this form of all vaccinations given under the direction of medical officers to military and civilian personnel. See AR 40-210 for further details.

2. Appropriate entries will be made at the time prophylactic vaccinations are made *and the entries will be authenticated by the written initials of the medical officer making the inoculation.*

3. In the case of a civilian employee, the character of his employment (clerk, teamster, etc.) and the staff corps or department in which he is employed will be noted in the space *Regiment or Staff Corps*. A brief notation of the status of other civilians will be made in the same space.

4. All officers, warrant officers, nurses, civilians, and others furnished authenticated vaccination registers will preserve them for reference purposes to be exhibited to examining medical officers at home and to foreign health and quarantine officers upon transfer to overseas duty. See AR 615-250.

5. The duplicate copy of the immunization register will be held for at least 2 years in an alphabetical immunization file maintained with the Medical Department records of the station at which the record was prepared. See AR 40-1005.

6. Record as vaccina, vaccinoid, or immune reaction. If there is no reaction, or if the reaction fails to conform to any of the three recognized types, *vaccination will be repeated.* The use of the term "unsuccessful vaccination" on official records will not be used.

Form 81
MEDICAL DEPARTMENT, U. S. A.
(Revised Sept. 23, 1942)

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LAST NAME FIRST NAME ARMY SERIAL NO.
Moerbe, Norman B. **0-759968**

GRADE COMPANY REGT. OR STAFF CORPS¹ AGE RACE
2nd Lt. **127** **26** **W**

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁵	MED. OFFICER ¹
3/43	Vaccinoid	Cpk
4/11/44	Immune	Cpk

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st	Completed 4/43			Cpk
2d	Stim. 4/11/44			Cpk
3d				

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ¹		DATE	MED. OFF. ¹
1st dose	Completed			12/16/43	Cpk
2d dose	Completed	Cpk			
3d dose	5/43			7-16-44	9.0.11.

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ¹
12/8/43	AB 252	1/2 cc	Cpk

OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT NO.	AMOUNT	MED. OFF
Typhus	Completed 12/16/43			Cpk
	9-12-44	9.0.11.		
Cholera	Completed 12/6/43			Cpk

Blood Type **"O"**

C. E. Trause Maj., M. D.
U.S. Army.

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IMMUNIZATION REGISTER¹

LAST NAME		FIRST NAME	ARMY SERIAL NO.	
MOERIE,		MORRIS B.	18117918	
GRADE	COMPANY	REGT. OR STAFF CORPS ²	AGE	RACE
AVN/C	7			

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁵	MED. OFFICER ³
3-31-43	Vaccinia	L. A. M.

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ³
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st	3-31-43	4-2-43	4-28-43	L. A. M.
2d				
3d				

TETANUS TOXOID

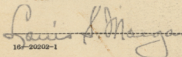
INITIAL VACCINATION			STIMULATING DOSES	
	DATE	MED. OFF. ³	DATE	MED. OFF. ³
1st dose.	3-13-43	L. A. M.		
2d dose.	4-28-43			
3d dose.	5-19-43			

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³

OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT No.	AMOUNT	MED. OFF. ³
	SEP 20 1943	Coccidioidin 1:100	1/10cc	Neg


 Capt. M. C.,
 U. S. Army.

INSTRUCTIONS

1. A record will be kept on this form of all vaccinations given under the direction of medical officers to military and civilian personnel. See AR 40-210 for further details.

2. Appropriate entries will be made at the time prophylactic vaccinations are made *and the entries will be authenticated by the written initials of the medical officer making the inoculation.*

3. In the case of a civilian employee, the character of his employment (clerk, teamster, etc.) and the staff corps or department in which he is employed will be noted in the space *Regiment or Staff Corps*. A brief notation of the status of other civilians will be made in the same space.

4. All officers, warrant officers, nurses, civilians, and others furnished authenticated vaccination registers will preserve them for reference purposes to be exhibited to examining medical officers at home and to foreign health and quarantine officers upon transfer to overseas duty. See AR 615-250.

5. The duplicate copy of the immunization register will be held for at least 2 years in an alphabetical immunization file maintained with the Medical Department records of the station at which the record was prepared. See AR 40-1005.

6. Record as vaccina, vaccinoid, or immune reaction. If there is no reaction, or if the reaction fails to conform to any of the three recognized types, *vaccination will be repeated.* The use of the term "unsuccessful vaccination" on official records will not be used.

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(Revised Sept. 23, 1942)

IMMUNIZATION REGISTER¹

LAST NAME		FIRST NAME		ARMY SERIAL NO.	
MOERRE,		NORMAN B.		18117918	
GRADE	COMPANY	REGT. OR STAFF CORPS ²		AGE	RACE
AVN/C	7				

SMALLPOX VACCINE

DATE	TYPE OF REACTION ⁵	MED. OFFICER ³
3-31-43	Vaccinia	R. J. M.

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ³
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st	3-31-43	4-9-43	4-28-43	R. J. M.
2d				
3d				

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES	
	DATE	MED. OFF. ³	DATE	MED. OFF. ³
1st dose	3-13-43	R. J. M.		
2d dose	4-28-43	R. J. M.		
3d dose	5-19-43	R. J. M.		

YELLOW FEVER VACCINE

DATE	LOT No.	AMOUNT	MED. OFF. ³

OTHER VACCINES

TYPE OF VACCINE	DATE	MFR'S. LOT NO.	AMOUNT	MED. OFF. ³

SEP 20 1943

Lewis S. Morgan, Capt., M. C.,
U. S. Army.

INSTRUCTIONS

1. A record will be kept on this form of all vaccinations given under the direction of medical officers to military and civilian personnel. See AR 40-210 for further details.

2. Appropriate entries will be made at the time prophylactic vaccinations are made *and the entries will be authenticated by the written initials of the medical officer making the inoculation.*

3. In the case of a civilian employee, the character of his employment (clerk, teamster, etc.) and the staff corps or department in which he is employed will be noted in the space *Regiment or Staff Corps*. A brief notation of the status of other civilians will be made in the same space.

4. All officers, warrant officers, nurses, civilians, and others furnished authenticated vaccination registers will preserve them for reference purposes to be exhibited to examining medical officers at home and to foreign health and quarantine officers upon transfer to overseas duty. See AR 615-250.

5. The duplicate copy of the immunization register will be held for at least 2 years in an alphabetical immunization file maintained with the Medical Department records of the station at which the record was prepared. See AR 40-1005.

6. Record as vaccina, vaccinoid, or immune reaction. If there is no reaction, or if the reaction fails to conform to any of the three recognized types, *vaccination will be repeated.* The use of the term "unsuccessful vaccination" on official records will not be used.

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IMMUNIZATION REGISTER¹

LAST NAME		FIRST NAME		ARMY SERIAL NO.	
MOERBE		NORMAN B.		18117918	
GRADE	COMPANY	REGT. OR STAFF CORPS		AGE	RACE
Avn/c	7				

SMALLPOX VACCINE

Ent'd.

DATE	TYPE OF REACTION ⁵	MED. OFFICER ³
3/31/43	vaccinia	Jew

TRIPLE TYPHOID VACCINE

DATES OF ADMINISTRATION				MED. OFFICER ³
SERIES	1ST DOSE	2D DOSE	3D DOSE	
1st	3/31/43	APR 9 '43	APR 28 '43	Jew
2d				
3d				

TETANUS TOXOID

INITIAL VACCINATION			STIMULATING DOSES		
	DATE	MED. OFF. ³		DATE	MED. OFF. ³
1st dose	3/31/43	Jew			
2d dose	APR 28 '43	Jew			
3d dose	MAY 19 '43	Jew			

YELLOW FEVER VACCINE

DATE	LOT NO.	AMOUNT	MED. OFF. ³

B.T.O.

OTHER VACCINES

DISEASE	DATE	TYPE OF VACCINE	DOSES	MED. OFF. ³

Lewis S. Morgan, Capt. Jew
M. C.,
U. S. Army.

INSTRUCTIONS

1. A record will be kept on this form of all vaccinations given under the direction of medical officers to military and civilian personnel resident with military commands. See A. R. 40-215 for further details.

2. Appropriate entries will be made at the time prophylactic vaccinations are made *and the entries will be authenticated by the initials of the medical officer making the inoculation.*

3. In the case of a civilian employee, the character of his employment (clerk, teamster, etc.) and the staff corps or department in which he is employed will be noted in the space *Regiment or Staff Corps*. A brief notation of the status of other civilians will be made in the same spaces.

4. All officers and warrant officers furnished completed vaccination registers will preserve them and will exhibit them to examining medical officers at the annual physical examination. The medical examining officer will transcribe pertinent immunization data to the report of the annual physical examination.

5. The duplicate copy of the immunization register will be filed alphabetically in a Medical Department immunization file at the station or command to which the individual belongs.

6. Record as vaccina, vaccinoid, or immune reaction. If there is no reaction, or if the reaction fails to conform to any of the three recognized types, *vaccination will be repeated.* The use of the term "unsuccessful vaccination" on official records will not be used.

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