

FILLING INSTRUCTIONS – READ BEFORE FILLING THE FORM

1. FILL **ONE FORM FOR EACH MAIN ITEM** YOU ARE ORDERING.
2. FILL ALL SECTIONS OF THIS FORM AS FOLLOWS:
 - 2.1. USE A **X** TO **FILL** IN WHERE **BRACKETS** APPEAR.
 - 2.2. ANSWER **"YES"** OR **"NO"** IF THE FORM **DIRECTS AS SUCH**.
 - 2.3. TYPE THE INFORMATION IN THE **GREY FIELDS** OF THE FORM.
 - 2.4. **FOR IMAGES:** IF YOU SELECT **"I WILL PROVIDE IT"**, YOU MUST **ATTACH** THE RELEVANT **IMAGE**.
 - 2.5. **FOR IMAGES:** IF YOU SELECT **"GENERATE IT"** OR **"NOT REQUESTED"**, THE RELEVANT IMAGE WILL BE **RESPECTIVELY** COMPUTER **GENERATED BY US** OR **WILL NOT APPEAR** AT ALL.
3. IF YOU WANT **TO LEAVE A FIELD BLANK, DO NOT ENTER ANY DATA IN THE FORM** FOR THAT SPECIFIC FIELD.
4. IF YOU WANT **US TO GENERATE ANY DATA** FOR A SPECIFIC FIELD, ANSWER WITH THREE SLASHES: **///**
5. **ALL DATA** WILL APPEAR ON THE MAIN ITEM **EXACTLY AS YOU TYPE THEM** IN THIS FORM (INCLUDING UPPERCASE AND LOWERCASE LETTERS, PUNCTUATION MARKS, OTHER SPECIAL CHARACTERS AND ANY POSSIBLE MISSPELLING TOO).
6. MAKE SURE **ANY IMAGE** SUBMITTED IS **NOT GRAINY, BLURRY OR IN LOW RESOLUTION** AS THIS WILL RESULT IN SUB-STANDARD PRINTING QUALITY.
7. THIS FORM AND ANY IMAGE REQUIRED TO APPEAR ON THE MAIN ITEM MUST BE FORWARDED TO THE E-MAIL ADDRESS DISPLAYED IN THE [Contact us](#) SECTION OF www.joysingersids.com

CUSTOMIZATION FORM FOR: **DOD IMMUNIZATION CERTIFICATE (DD FORM 737), 1950s-1970s**

MAIN ITEM'S IDENTIFICATION

MAIN ITEM *(enter name of the main item as it is identified on the website and make sure to specify also any additional identifiers such as "status"/"type"/..., E.G.: 1964 EDITION, SERIES 2)*

INFORMATION FOR CUSTOMIZATION

- Some information may not appear on the specific series/type/version of the card ordered. Just to make sure **FILL ALL FIELDS**.
- **If you mark "I WILL PROVIDE IT" in regard to any image (photo, signature, etc.),** please send a photo/scan of it, together with this form, as an e-mail attachment to the address shown in the [Contact us](#) section on www.joysingersids.com. **Please make sure the image submitted is not grainy, blurry or in low resolution as this will result in sub-standard printing quality.**

NAME (LAST NAME - FIRST NAME - MIDDLE NAME or MIDDLE NAME INITIAL)
SERVICE NUMBER
DEPARTMENT (BRANCH OF SERVICE)
DATE OF BIRTH

RACE		SEX	
SIGNATURE OF BEARER <i>(mark only one of the following options)</i>			
- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []			
REMARKS (DRUGS, FOREIGN PROTEIN OR SERUM SENSITIVITY, ETC.)			
SMALLPOX			
DATE VACCINATED	TYPE OF REACTION (IMMEDIATE / ACCELERATED / TYPICAL) AND DATE DETERMINED	MEDICAL OFFICER (GRADE AND/OR SERVICE AND/OR NAME)	SIGNATURE OF MEDICAL OFFICER <i>For each line, mark only one option</i>
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []

TYPHOID			
DATE OF EACH DOSE	AMOUNT	MEDICAL OFFICER (GRADE AND/OR SERVICE AND/OR NAME)	SIGNATURE OF MEDICAL OFFICER For each line, mark only one option
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
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			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
CHOLERA			
DATE OF EACH DOSE	AMOUNT	MEDICAL OFFICER (GRADE AND/OR SERVICE AND/OR NAME)	SIGNATURE OF MEDICAL OFFICER For each line, mark only one option
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []

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			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []

TETANUS

DATE OF EACH DOSE	AMOUNT	MEDICAL OFFICER (GRADE AND/OR SERVICE AND/OR NAME)	SIGNATURE OF MEDICAL OFFICER <i>For each line, mark only one option</i>
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
			- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []

YELLOW FEVER					
DATE	NAME OF MANUFACTURER	BATCH NUMBER	STATION OF ADMINISTRATION	MEDICAL OFFICER (GRADE AND/OR SERVICE AND/OR NAME)	SIGNATURE OF MEDICAL OFFICER <i>For each line, mark only one option</i>
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
THYPUS					
DATE OF EACH DOSE	AMOUNT	GRADE AND SERVICE OF MEDICAL OFFICER		SIGNATURE OF MEDICAL OFFICER <i>For each line, mark only one option</i>	
				- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []	
				- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []	
				- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []	
				- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []	
				- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []	
				- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []	

OTHER IMMUNIZATIONS					
DATE	TYPE	LCT NO.	AMT.	MEDICAL OFFICER (GRADE AND/OR SERVICE AND/OR NAME)	SIGNATURE OF MEDICAL OFFICER <i>For each line, mark only one option</i>
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
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					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
					- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []

SENSITIVITY TESTS (TUBERCULIN, SHICK, ETC.)						
DATE	TYPE	DOSE	ROUTE	RESULT	MEDICAL OFFICER (GRADE AND/OR SERVICE AND/OR NAME)	SIGNATURE OF MEDICAL OFFICER <i>For each line, mark only one option</i>
						- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
						- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []
						- I WILL PROVIDE IT [] - GENERATE IT [] - NOT REQUESTED []

REMARKS

PLEASE DOUBLE CHECK THE INFORMATION PROVIDED IN THIS FORM, ESPECIALLY FOR ANY MISSPELLING, AS THEY WILL BE TYPED ON THE CARD EXACTLY AS THEY APPEAR IN HERE.

INFORMATION PROVIDED IN THIS FORM WILL REMAIN STRICTLY CONFIDENTIAL.

----- joysingersids.com ----- CUSTOMIZATION FORM --- END -----