

2400-337ab

DEPARTMENT OF HEALTH—VICTORIA

# SABIN ORAL POLIOMYELITIS VACCINE

Municipality.....

Surname..... Date of Birth...../...../.....

Christian Names..... Sex.....

Address.....

Name of Centre or School..... Grade.....

I request that I receive a course of oral poliomyelitis vaccine.

Signed..... Date...../...../.....

**If under 21 years of age please have following completed:**

I request that the above-named be given a course of oral poliomyelitis vaccine.

Signed..... Date...../...../.....  
(Parent or Legal Guardian)

Address.....

**PLEASE COMPLETE AND RETURN WITHOUT DELAY  
TO CENTRE, SCHOOL OR COUNCIL OFFICES**

## RECORD

Dose	Date	Batch No.	Centre
First			
Second			
Third			

Mrs Feathermire or Nevin Packham re cases  
Forest Lane 30406  
34 Lippson St  
S. Bully

J Johnson 8253 re transport

Tipton re nails

Meet NAM 3 PM Sunday

SNE way holidays

Ted Hopkins or Roger Levy (522833)

Responsible

David Hopful 30662

Ry Adams 3-6527

A Richardson 3 5653

Branch 4-300, after New  
Bump Hill School