

WASSERMANN TEST

Date

Post

1. Surname

2. Christian Name

3. Rank

4. Company

5. Regt. or Staff

6. Date of Infection

7. Stage of Disease

8. Present Symptoms

9. Clinical Diagnosis

10. Treatment (other than Salvarsan)

Dosage

Length of Time

11. Treatment with Salvarsan

Method of admin.

Amount and dates of admin.

Signature

Medical Corps, U. S. Army

DATE AND RESULT OF THE
WASSERMANN TEST

[illegible]

REMARKS:—

INSTRUCTIONS:—This card, properly filled out, will be sent, with the first request for a Wassermann test in each case. Requests for subsequent tests in the same case will be made by information slip, indicating the treatment since the last report.