

# PLAN NOW TO ATTEND THE Sabin Oral Polio Vaccine Clinic NEAREST YOU!

**FIRST CLINIC**

**SUNDAY, JAN. 12th**

— FROM —

**12:00 Noon To 6:00 p. m.**



**At The Following Locations:**

- T. C. HENDERSON SCHOOL
- ROSMAN SCHOOL
- BREVARD JUNIOR HIGH SCHOOL
- STRAUS SCHOOL
- OLIN MATHIESON MEDICAL CENTER
- PENROSE SCHOOL

*Clinics For Second and Third Doses Will Be Held On The Sundays Of  
FEBRUARY 23rd and APRIL 5th*

### Facts About The Sabin Oral Polio Vaccine

#### How Effective Is The Sabin Oral Vaccine?

The oral vaccine is designed to produce an intestinal barrier against poliovirus as well as antibodies in the bloodstream. Thus, it is expected that the vaccine will help prevent vaccinated persons from carrying the disease as well as help protect them against poliovirus.

#### Should You Have Oral Vaccine If You Have Already Had Salk Vaccine?

Yes, it is wise to take the oral vaccine. It can increase the degree of your protection and can help you protect other persons in the community.

#### How Is It Given?

A dose of vaccine can be mixed with distilled water and taken by cup or spoon; it can be given to infants by dropper or put on a sugar cube for older children and adults.

#### Who May Take The Oral Vaccine?

The vaccine may be given to persons six weeks of age or older. In this immunization program, vaccine will be given to persons between the ages of 3 months and up.

#### HOW MUCH WILL IT COST?

A donation of 25c per dose is requested, but not required. No one will be refused the vaccine if they are unable to contribute.



Administration of the Sabin oral polio vaccine is simplicity itself. It is administered to older children or adults in liquid form in a paper cup, or as seen here, absorbed on a sugar cube. Younger children can receive the vaccine in a paper cup or teaspoon, and infants from a dropper.



In the case of very young infants, the Sabin oral polio vaccine can be administered as shown here with a dropper. Young children can receive it in a spoon or paper cup. Older children or adults, absorbed in a sugar cube.

THIS COMMUNITY WIDE EFFORT TO WIPE OUT POLIO IN TRANSYLVANIA COUNTY IS SPONSORED BY THE  
**Transylvania County Medical Society and Brevard Jaycees**

Please Clip, Fill Out And Bring To Clinic

Please list (print plainly) the name and age of each member of your family who will receive the vaccine:

NAME _____	AGE _____
NAME _____	AGE _____
NAME _____	AGE _____
NAME _____	AGE _____
NAME _____	AGE _____
NAME _____	AGE _____
NAME _____	AGE _____

I hereby state that I am the head of the household of the persons listed above, and I hereby request that Sabin Oral Polio Vaccine be administered to the above listed persons.

HOUSEHOLD ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City)

SIGNATURE \_\_\_\_\_  
(Head of Household)



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