

AUM Student Health Services

Immunization Record

Patient Name: HUY LE QUOC

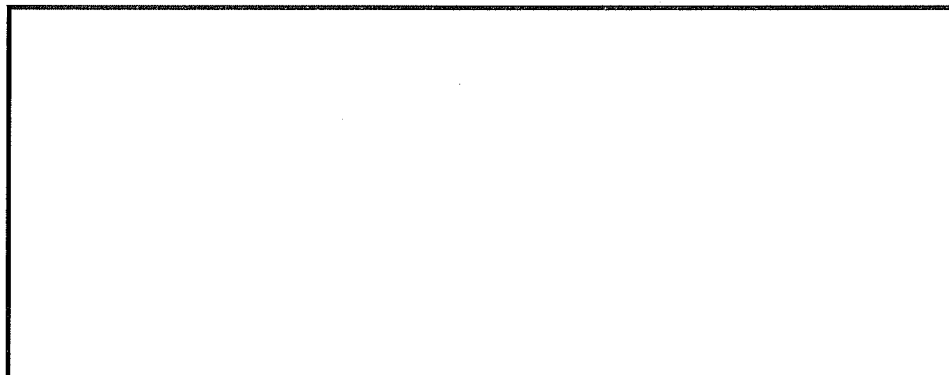
Birthdate: 11/30/2000

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	9/3/19	9/3/19	Qmm	SP	CSS88AA	(L)forecurm	AM

Initials	Signature	Initials	Signature
AM	<i>[Signature]</i>		



STAMP ABOVE