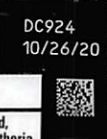
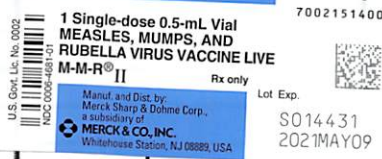


**AUM Student Health Services
Immunization Record**

Patient Name: ZHEWEN FAN

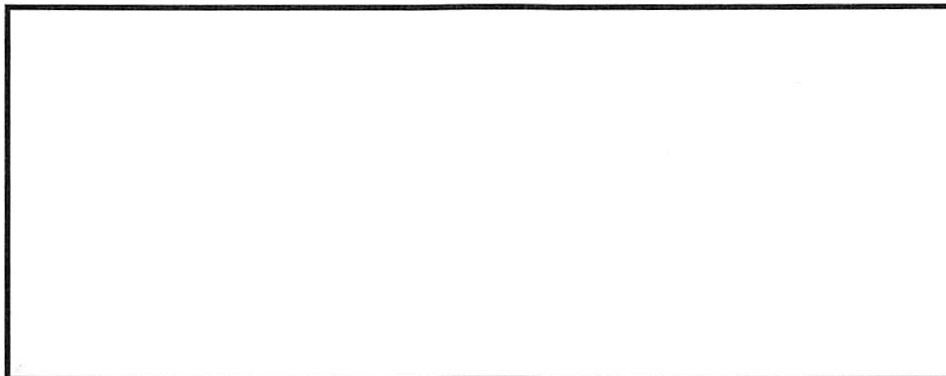
Birthdate: 07/07/2000

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap	1/21/20	LD	0.5	ESK	LOT: DC924 EXP: 10/26/20 	2/15	AM
Td Booster					Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX 0.5 mL		
MMR	1/21/20	LA	0.5			2/18	AM
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	1/21/20			SP	C5471AA		

Initials	Signature	Initials	Signature



STAMP ABOVE

其他预防接种证明/CERTIFICATE OF OTHER VACCINATIONS

疫苗或预防措施/Vaccine or prophylaxis
麻腮风(北生研) MMR (皮下注射)

日期 2018年09月07日/07 Sep, 2018
Date

主管医师签名 内科医生/Physician
Signature of supervising clinician

疫苗或预防制品的生产厂商批号 201712066
Manufacturer and batch No. 北京北生研生物制品有限公司
of vaccine or prophylaxis

接种剂量 0.5ml
Vaccination dose

证书有效期 从 07 Sep, 2018 至
Certificate valid. From until



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疫苗或预防措施/Vaccine or prophylaxis

日期
Date

主管医师签名
Signature of supervising clinician

接种机构的印章
Official stamp
of administering centre

疫苗或预防制品的生产厂商批号
Manufacturer and batch No.
of vaccine or prophylaxis

接种剂量
Vaccination dose

证书有效期 从 至
Certificate valid. From until

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