

AUM Student Health Services

Immunization Record

Patient Name: MARAL GERELTTSOLMON

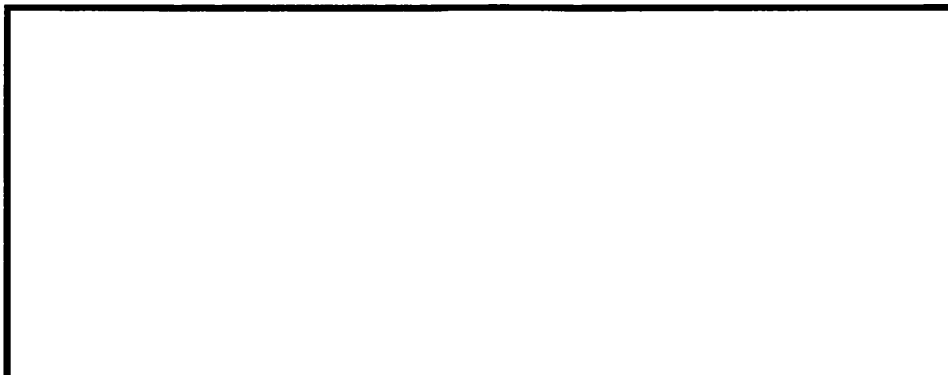
Birthdate: 01/04/2001

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	3/23/20	3/25/20	0 mm	SP	05417AA	(L) forearm	RM

Initials	Signature	Initials	Signature
RM	[Signature]		



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