

AUM Warhawk Health Services

Immunization Record

Patient Name: Ravip, SharmukhaBirthdate: 8.8.97

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
	2/3/21	2/5/21	0mm	SP	C5751AA	(L) forearm	AM/AB

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

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