

**AUM Student Health Services
Immunization Record**

Patient Name: IM HAEUN

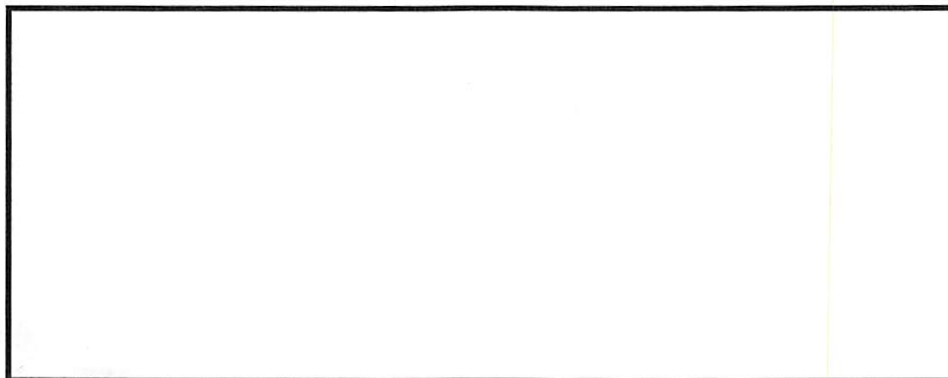
Birthdate: 09/19/1997

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
	10/21/19			SP	C5888AA	② forearm	AM

Initials	Signature	Initials	Signature
AM	<i>Im Haeun</i>		



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