

서울 서초구 서초4동
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전화: 02) 593-7582
팩스: 02) 593-7606
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Immunization certificate

to be completed by a Medical Doctor

11th Floor, Joorusung B/D,
Seocho4-dong 1305-5,
Seocho-Gu, Seoul, S. Korea
Tel: 02) 593-7582
Fax: 02) 593-7606

Name Sohyun Kim

Male ☐ Female ☒

Date of Birth (Month/Day/Year) 11-25-1991

Tdap

07-17-2018
month/day/year

The dates of doses were quoted
from written pediatric sources

Measles/Mumps/Rubella(MMR) - 2 dates

06-14-2001
month/day/year

07-17-2018
month/day/year

Address

K Internal Medicine Clinic

11th Floor, Joorusung B/D, Seocho4-dong 1305-5, Seocho-Gu, Seoul 137-855, South Korea

Tel: ++822-5937582

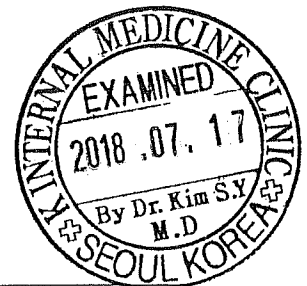
Fax: ++822-5937606

Signature of Physician

KIM SEYUNE
Medical Doctor
Lic. # 72916

Name of Physician

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Month Day Year