

AUM Warhawk Health Services

Immunization Record

Patient Name: Christina HoganBirthdate: 09/13/97

Allergies/Medical Alert: _____

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

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	05/14/21	5/17/21	⊕	SP	05751AA	DOVEAKM	JH

Initials	Signature	Initials	Signature
JH	Jayma Howard, RMA		

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