

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Da. wood Althuwaini BIRTHDATE: _____

ALLERGIES/MEDICAL ALERT: NKMA

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT #	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER								
MMR								
MR								
HIB								
HEPATITS B								
OTHER								

TUBERCULN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT #	COMMENTS	INITIALS
	1/8/2016			SP	64861AB	(L) forearm	AM
	2/2/2016	2/4/16	PPD	SP	C4861AB	(R) forearm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM	[Signature]		
AM	[Signature]		