

AUM Student Health Services
Immunization Record

Patient Name: Benjamin Ayirifa

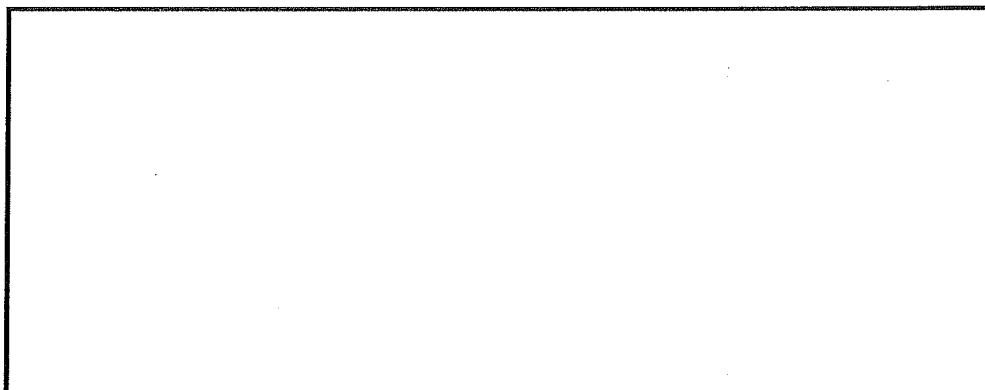
Birthdate: 9/02/1990

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	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
	1/5/18	1/8/18	8mm	SP	C5154AA	(2) forearm	AM

Initials	Signature	Initials	Signature
AM	<i>Benjamin Ayirifa</i>		



STAMP ABOVE

Health Center Check-In

Student name: ATIRIFA, BENJAMIN

Student ID: 500343392

Date: JANUARY 04, 2018

Student should return: _____

Date student completed testing: _____

Signature of Health Center Official: _____

1. NAME: BENJAMIN AYIRIFA

2. DATE: 2ND SEPTEMBER, 1990

3. IMMUNIZATION RECORD:

Vaccine History Transferred From a Written Record

Vaccine	Recorded Date Day/Month/Year	Recorded Date Day/Month/Year	Recorded Date Day/Month/Year	Date Recorded Day/Month/Year Booster	Date Given By Panel Phy Day/Month/Year
BCG	03/09/90				
DT/DTP	11/10/90	07/11/90	05/12/90		
T dap	07/06/17				
Polio (OPV/IPV)	03/09/90	11/10/90	07/11/90	05/12/90	
Measles	03/06/91				
Measles Mumps Rubella (MMR)	06/06/17	03/07/17			
Hepatitis B	20/05/16	22/06/16	22/09/16		
Varicella	05/05/17	02/06/17			
TYPHOID	05/07/16				
Influenza	29/11/10				
Yellow Fever	03/06/91	05/07/17			
Meningococcal	05/07/17				

PUBLIC HEALTH UNIT
KATHIA DISTRICT HOSPITAL
KATHIA