

**AUM Student Health Services
Immunization Record**

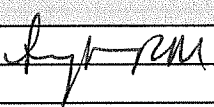
Patient Name: Abdulateef Jarfan

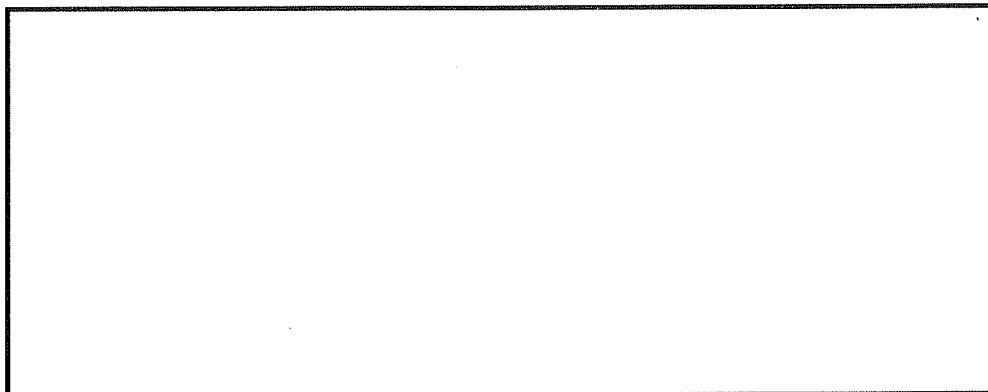
Birthdate: 6/4/88

Allergies/Medical Alert: _____

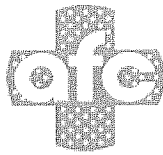
Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	3/6/18			SP	C3471AA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM			



STAMP ABOVE



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Vaccine Report

Printed Date: 4/2/2018

Patient: Abdullateef A Jarfan
DOB: 06/04/1988
Sex: M

Address: 8980 Crosswind Circle
MONTGOMERY, AL, 36117
Home Phone: (334) 414-4608

Date	Vaccine	Notes
04/02/2018	Tdap	Route: Intramuscular Lot number: 22X79 Expiration date: 12/14/2019 Site: Right Arm Patient action: Accepted Abnormal: no
04/02/2018	MMR	Route: Intramuscular Lot number: n009171 Expiration date: 03/20/2019 Site: Right Deltoid Patient action: Accepted Abnormal: no