

# CERTIFICATE OF IMMUNIZATION

Clinic Info

(Name/address)

Dr. Kim's Clinic

Kwang-jung Dong, 4th.

Kwang-jin Gu, Seoul, Korea.

TEL (02) 454-8062

I.D. NO. : \_\_\_\_\_

NAME : Kim Na Yeon  
(Family name) (Personal name)

BIRTH DATE : 2 / 126 / 1984  
(Month) (day) (Year)

SEX : M or (F)

| VACCINE                                  | Time           | Date Given |     |      | REMARK            |
|------------------------------------------|----------------|------------|-----|------|-------------------|
|                                          |                | Month      | Day | Year |                   |
| DPT<br>Diphtheria<br>Pertusis<br>Tetanus | First          | 4          | 26  | 84   |                   |
|                                          | Second         | 6          | 26  | 84   |                   |
|                                          | Third          | 8          | 26  | 84   |                   |
|                                          | First booster  | 8          | 30  | 85   |                   |
|                                          | Second booster | 10         | 2   | 89   |                   |
| DT(pedi strength)<br><br>Polio(TOPV)     | First          | 4          | 26  | 84   |                   |
|                                          | Second         | 6          | 26  | 84   |                   |
|                                          | Third          | 8          | 26  | 84   |                   |
|                                          | First booster  | 8          | 30  | 85   |                   |
|                                          | Second booster | 10         | 2   | 89   |                   |
| Measles                                  | First          | 5          | 28  | 85   |                   |
| MMR(Measles, Mumps, Rubella)             | First          | 10         | 31  | 98   |                   |
|                                          | Second         | 2          | 28  | 84   |                   |
| Hepatitis B                              | First          | 3          | 28  | 84   |                   |
|                                          | Second         | 8          | 24  | 84   |                   |
|                                          | Third          | 8          | 24  | 84   |                   |
|                                          | First booster  | 3          | 21  | 84   |                   |
| B.C.G                                    | First          | 3          | 21  | 84   |                   |
|                                          | Second         |            |     |      |                   |
| Tuberculin Skin Test                     |                | 10         | 31  | 98   | Result : Negative |

I hereby certify that the above named person has been immunized according to the schedule listed above.

Signature : SEON-TOUWET, KIM M.D

Date : 11/2/1998

The Korean  
Pediatric  
Society



# ADULT IMMUNIZATION RECORD

|            |
|------------|
| Allergies: |
| Reactions: |

Name: KIM KANG, NAYEON  
 DOB: 02/26/1984  
 Chart #: \_\_\_\_\_  
 Date of Service: 07/05/2022

| Vaccine Family                                                         | Type of Vaccine (no Brand Name) | Date Given (mm/dd/yy) | Age at Adm | Dose (cc/mL) | Route & Site | Mfr. | Lot #   | VIS Date | Vaccinator Signature |
|------------------------------------------------------------------------|---------------------------------|-----------------------|------------|--------------|--------------|------|---------|----------|----------------------|
| <b>Tetanus, Diptheria, (Pertussis)</b><br>(e.g., Td, Tdap)             |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Hepatitis A</b><br>(e.g., HepA, HepA-HepB)                          |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Hepatitis B</b><br>(e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB) |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Human Papillomavirus</b><br>(e.g., HPV)                             |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Measles, Mumps, Rubella</b><br>(MMR, MMRV)                          |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Meningococcal</b><br>(MCV4, MPSV4)                                  |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Pneumococcal</b><br>(e.g. PCV, PPV)                                 |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Polio</b><br>(e.g., IPV, DTaP-HepB-Hib)                             |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Varicella</b> (Var, MMRV)                                           |                                 |                       |            |              |              |      |         |          |                      |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Influenza</b><br>(e.g., TIV, LAIV)                                  | IIV4 - P FREE                   | 10/27/21              | 37 y       | 0.5          | IM           | SKB  | CA599   |          | OUTSIDE CLINIC       |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |
| <b>Zoster</b>                                                          |                                 |                       |            |              |              |      |         |          |                      |
| <b>Other</b>                                                           | Moderna COVID-19 Vaccine        | 12/13/21              | 37 y       | 0.25         | IM           | MOD  | 067H21A |          | OUTSIDE CLINIC       |
|                                                                        |                                 |                       |            |              |              |      |         |          |                      |

WARHAWK HEALTH SERVICES  
 7461 EAST DRIVE  
 RM 102 MOORE HALL  
 MONTGOMERY, AL36117  
 334 2443281

| PPD     | Date | Results | PPD     | Date | Results |
|---------|------|---------|---------|------|---------|
| Mantoux |      |         | Maxtoux |      |         |
| Mantoux |      |         | Mantoux |      |         |
| Mantoux |      |         | Mantoux |      |         |

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 DOB: 02/26/1984  
 Chart #:  
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| Vaccine Family                                                  | Type of Vaccine (no Brand Name) | Date Given (mm/dd/yy) | Age at Adm | Dose (cc/mL) | Route & Site | Mfr. | Lot #  | VIS Date | Vaccinator Signature |
|-----------------------------------------------------------------|---------------------------------|-----------------------|------------|--------------|--------------|------|--------|----------|----------------------|
| Tetanus, Diphtheria, (Pertussis)<br>(e.g., Td, Tdap)            |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Hepatitis A<br>(e.g., HepA, HepA-HepB)                          |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Hepatitis B<br>(e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB) |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Human Papillomavirus<br>(e.g., HPV)                             |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Measles, Mumps, Rubella<br>(MMR, MMRV)                          |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Meningococcal<br>(MCV4, MPSV4)                                  |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Pneumococcal<br>(e.g. PCV, PPV)                                 |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Polio<br>(e.g., IPV, DTaP-HepB-Hib)                             |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Varicella (Var, MMRV)                                           |                                 |                       |            |              |              |      |        |          |                      |
|                                                                 |                                 |                       |            |              |              |      |        |          |                      |
| Influenza<br>(e.g., TIV, LAIV)                                  | IIV4 MDCK P-FREE                | 09/20/18              | 34 y       | 0.5          |              | SEQ  |        |          |                      |
|                                                                 | IIV4                            | 09/04/19              | 35 y       | 0.25 0.5     |              | SEQ  |        |          |                      |
|                                                                 | IIV4 MDCK P-FREE                | 10/03/20              | 36 y       | 0.5          |              | SEQ  | 279826 |          | OUTSIDE CLINIC       |
| Zoster                                                          |                                 |                       |            |              |              |      |        |          |                      |
| Other                                                           | Pfizer Covid19                  | 03/09/21              | 37 y       |              | IM LD        | PFR  | EN6199 |          | OUTSIDE CLINIC       |
|                                                                 | Pfizer Covid19                  | 03/30/21              | 37 y       |              | IM LD        | PFR  | EP7534 |          | OUTSIDE CLINIC       |

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| Mantoux |      |         | Maxtoux |      |         |
| Mantoux |      |         | Mantoux |      |         |
| Mantoux |      |         | Mantoux |      |         |