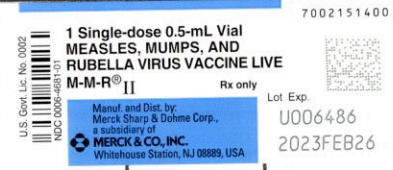


**AUM Student Health Services
Immunization Record**

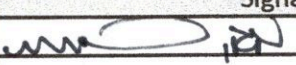
Patient Name: Myunghee Kim

Birthdate: 1-10-73

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR	3/3/2022	L Tarm				8/6/21	WMB
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials

Initials	Signature	Initials	Signature
WMB			

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