

AUM Student Health Services

Immunization Record

Patient Name: Samar Khan

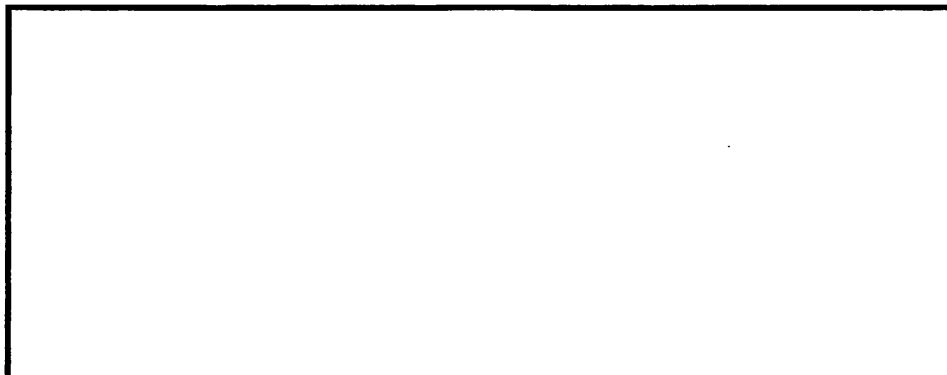
Birthdate: 12/04/97

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
	8/28/19	8/30/19	9mm	SP	C5588AA	(L) forearm forearm	AM

Initials	Signature	Initials	Signature
AM	<i>[Signature]</i>	AM	<i>[Signature]</i>



STAMP ABOVE