

### Hepatitis B Vaccine

Date	Provider
<u>7-2-98</u>	<u>OI</u>
<u>9-1-98</u>	<u>Ug m</u>
<u>2-5-99</u>	<u>Ug m</u>
<u> </u>	<u> </u>

### MMR

<u>7-2-98</u>	<u>OI</u>
<u> </u>	<u> </u>

### PPD

Date	Results
<u>7-2-98</u>	<u>neg</u>
<u>9-2-99</u>	<u>neg</u>

### Influenza

Date	Provider
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

### Pneumonia

<u> </u>	<u> </u>
<u> </u>	<u> </u>

### Td

Date	Provider
<u>7-2-98</u>	<u>OI</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

### Other

Vaccine/Date/Provider

<u> </u>
<u> </u>
<u> </u>
<u> </u>

# CLINIC STAMP

Immunization Clinic  
Memphis and Shelby  
County Health Dept.  
814 Jefferson Avenue  
Room 216  
Memphis, TN 38105

Carry this record at all times  
and present it to everyone  
who provides medical care.

## Memphis and Shelby County Health Department (MSCHD)



814 Jefferson Avenue  
Memphis, Tennessee  
38105  
576-7600

IMM 3/94

PAT# 0007613721 CHART# 92622 079 01  
ENC# 2015222 DATE 07/02/98 MCO:  
NAME: JUSTUS, CHRISTINA  
SSN 551316125 DOB 08/11/73 RC W SEX F  
YRS 24 MON 10 DAYS 21 901-323-4891  
ADDR: 27 S REESE  
CITY: MEMPHIS  
TN 38111

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