

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Brenda Douberly

BIRTHDATE: 4/25/1962

ALLERGIES/MEDICAL ALERT: ms, singulair, adhesive

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT#	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER								
MMR								
MR								
HIB								
HEPATITS B								
OTHER								

**UNIVERSITY MONTGOMERY
DENT HEALTH CENTER
B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023**

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT#	COMMENTS	INITIALS
	2/17/15	2/19/15	0mm	SP	C4662AH	(2) for arm	AM
	6/1/16	6/3/16	0mm	SP	C4865AA	(2) forearm	AM
	6/12/17	6/14/17	0mm	SP	C5036AA	(2) forearm	AM
	6/12/18	6/14/18	0mm	SP	C5472AA	(2) forearm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM	AM ON		