

AUM Student Health Services

Immunization Record

Patient Name: Michael Folds

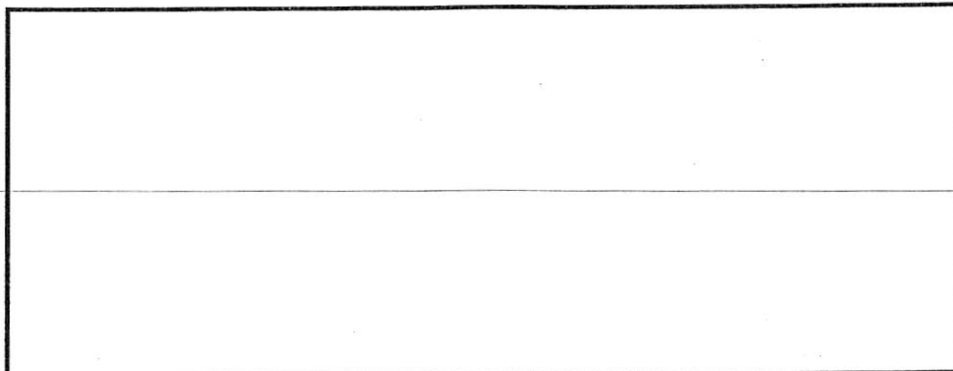
Birthdate: 3/7/01

Allergies/Medical Alert: NKDA

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	6/17/19			SP	C5563AB	Upper FA	MA

Initials	Signature	Initials	Signature
MA	M. Folds, CRNP		



STAMP ABOVE