

**AUM Student Health Services
Immunization Record**

Patient Name: Channell Davis

Birthdate: 10/13/81

Allergies/Medical Alert: NKMA

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
	7/8/19	7/10/19	0mm	SP	CSS69AA	② forearm	AM

Initials	Signature	Initials	Signature
AM	[Signature]		

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