

AUM Student Health Services

Immunization Record

Patient Name: Lillian Lushington

Birthdate: 5/1/2000

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
	7/3/19	7/5/19	0mm	SP	CSS69AA	(L) forearm	AM/MA

Initials	Signature	Initials	Signature
AM	[Signature]		
MA	[Signature]		

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

STAMP ABOVE

Auburn University Montgomery

Student Health Services

P. O. Box 244023

7461 East Drive

Montgomery, AL 36124

Office (334) 244-3281, Fax (334) 244-3396

Release of Records

This is to verify that a copy of the following records and/or lab results were given to

Lillian Lushington on 7/5/19
Print Patient's Name Date

Description of record(s) copied: TB skin test documentation

Lillian Lushington
Patient's Signature
07/05/19
Date