

AUM Student Health Services

Immunization Record

Patient Name: Rachel Rutland

Birthdate: 4/24/70

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
	7-29-19	7/31/19	0 mm	SP	C5569AA	① 3 mm down	CS

Initials	Signature	Initials	Signature
CS	Pamela Stewart, MD		

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