

**AUM Student Health Services
Immunization Record**

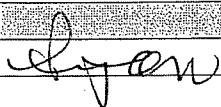
Patient Name: Ariel Brock

Birthdate: 3/6/1991

Allergies/Medical Alert: _____

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	7/31/19	8/2/19	0mm	SP	C5586CA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM			

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

STAMP ABOVE



ANNUAL TUBERCULOSIS (TB) SKIN TEST

TO BE COMPLETED 1 YEAR AFTER ACCEPTANCE INTO THE PROGRAM

LAST NAME: Brock FIRST NAME: Ariel TSCC ID #: 148679

TUBERCULIN (TB) 1 STEP SKIN TEST - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

NAME OF PERSON ADMINISTERING: Amy Morris RN-BC, CTH

DATE ADMINISTERED (TEST #1): 7/31/19 LOT #: CSS 86CA

EXPIRATION DATE: 22 May 2021

DATE READ: 8/2/19 (MUST BE WITHIN 48-72 HRS AFTER DATE ADMINISTERED)

TEST RESULTS: ☐ POSITIVE ☒ NEGATIVE ☒ REDNESS (please identify results with a ✓)

☒ mm (please provide measure in millimeters)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: [Signature] RN, BC, CTH

Provider:
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