

**AUM Student Health Services
Immunization Record**

Patient Name: TARUSHI TANAYA

Birthdate: 06/19/1997

Allergies/Medical Alert: Retinoid

Immunization	Date	Site	Dose	MFR	Comments	V.I.S.	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	6/19/2020	6/22/20	0mm	SP	C5714AA	(DFA)	(MA)

Initials	Signature	Initials	Signature
(MA)	MAHAY, CRN		

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

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