

**AUM Student Health Services
Immunization Record**

Patient Name: Wesley Finkley

Birthdate: 09/08/1997

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR	8-9-19	@ arm	0.5	merck	IM	2/2018	CO
HEP A							
HEP B	8-9-19	@ delt	1.0cc	GSK	sq	7/2016	CA
Other							

	Date Given	Date Read	Results	MFR	Lot #	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID							

Initials	Signature	Initials	Signature
Lo	Dennis Stewart		

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

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