

**AUM Student Health Services
Immunization Record**

Patient Name: Xinwei Zhong

Birthdate: _____

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	9/4/19	9/6/19	0mm	SP	CSS88AA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM	<i>[Signature]</i>		

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
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P.O. BOX 244023
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