

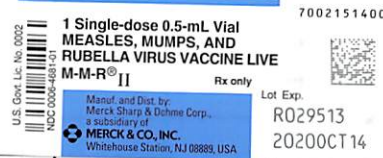
**AUM Student Health Services  
Immunization Record**

Patient Name: Grace NE'ANGA

Birthdate: 2/7/1996

Allergies/Medical Alert: \_\_\_\_\_

| Immunization | Date    | Site | Dose  | MFR | Comments | Visit Date | Initials |
|--------------|---------|------|-------|-----|----------|------------|----------|
| Tdap         |         |      |       |     |          |            |          |
| Td Booster   |         |      |       |     |          |            |          |
| MMR          | 8/21/19 | LA   | 0.5cc |     |          |            | AM       |
| HEP A        |         |      |       |     |          |            |          |
| HEP B        |         |      |       |     |          |            |          |
| Other        |         |      |       |     |          |            |          |



| Tuberculin Testing<br>PPD (MANTOUX)<br>0.1 ml ID | Date Given: | Date Read: | Results: | MFR | LOT# | Comments | Initials |
|--------------------------------------------------|-------------|------------|----------|-----|------|----------|----------|
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |

| Initials | Signature        | Initials | Signature |
|----------|------------------|----------|-----------|
| AM       | Amy Morris RN-BC |          |           |
|          |                  |          |           |

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

STAMP ABOVE