

**AUM Student Health Services
Immunization Record**

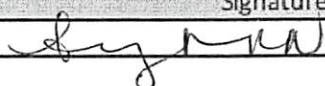
Patient Name: DEBORAH KNIGHT

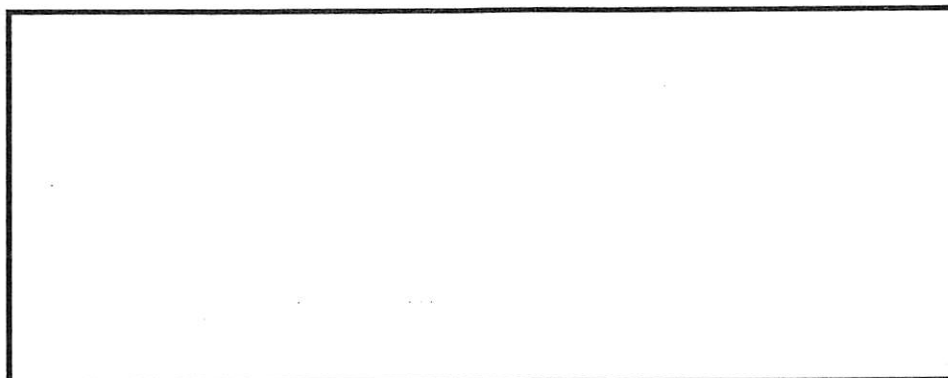
Birthdate: 12/31/1951

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	12/17/19	12/19/19	0mm	SP	C5711 AA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM			



STAMP ABOVE