

**AUM Student Health Services
Immunization Record**

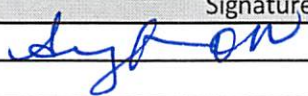
Patient Name: Marilyn Lee

Birthdate: 11/1/66

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap	1/9/20	LD	0.5cc		LOT: A29KM EXP: 12/03/21  ND 38120-842-43 Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX® Mfd. by GlaxoSmithKline Biologicals 0.5 mL 474392	2/15	AM
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							

Initials	Signature	Initials	Signature
AM			

**AUBURN UNIVERSITY MONTGOMERY
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P.O. BOX 244023
MONTGOMERY, AL 36124-4023**

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