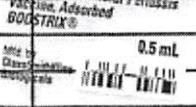


**AUM Student Health Services
Immunization Record**

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	2/15	AM
Td Booster							
MMR	1/21/20	LA	0.5cc	Merck			AM
HEP A							
HEP B							
Other							

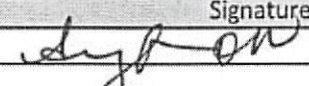


7002151400

Lot Exp.
S014431
2021 MAY 09

IS 2118

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

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