

AUM Student Health Services

Immunization Record

Patient Name: Daniel Sumner

Birthdate: 10/13/1993

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
	6/2/20	6/4/2020	0mm	SP	C5714AA	② forearm	AM

Initials	Signature	Initials	Signature
AM	<i>Myra</i>	<i>MF</i>	<i>Myra CRNP</i>

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

STAMP ABOVE

Auburn University Montgomery

Student Health Services

P. O. Box 244023

7461 East Drive

Montgomery, AL 36124

Office (334) 244-3281, Fax (334) 244-3396

Release of Records

This is to verify that a copy of the following records and/or lab results were given to

Daniel Sumner on 6/4/2020

Print Patient's Name

Date

Description of record(s) copied: TB skin test results



Patient's Signature

6/4/2020

Date