

**AUM Student Health Services
Immunization Record**

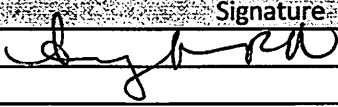
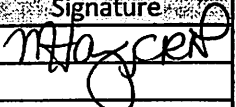
Patient Name: Paul Arrington

Birthdate: 8/17/86

Allergies/Medical Alert: PCN, Septra

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
	6/23/20	6/25/20	0mm		C5714AA	Left forearm	AM

Initials	Signature	Initials	Signature
AM		MF	

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

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7461 East Drive

Montgomery, AL 36124

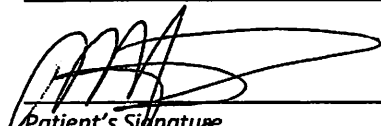
Office (334) 244-3281, Fax (334) 244-3396

Release of Records

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

Paul Arrington on 6/25/2020
Print Patient's Name Date

Description of record(s) copied: TB skin test


Patient's Signature
6/25/2020
Date