

**AUM Student Health Services
Immunization Record**

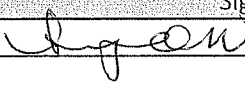
Patient Name: Taleshia Jones

Birthdate: 6/15/93

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
	7/7/20	7/9/20	Qmn	SP	C5714AA	② forearm	AM

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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