

**AUM Student Health Services
Immunization Record**

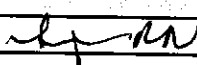
Patient Name: ANITA ALL

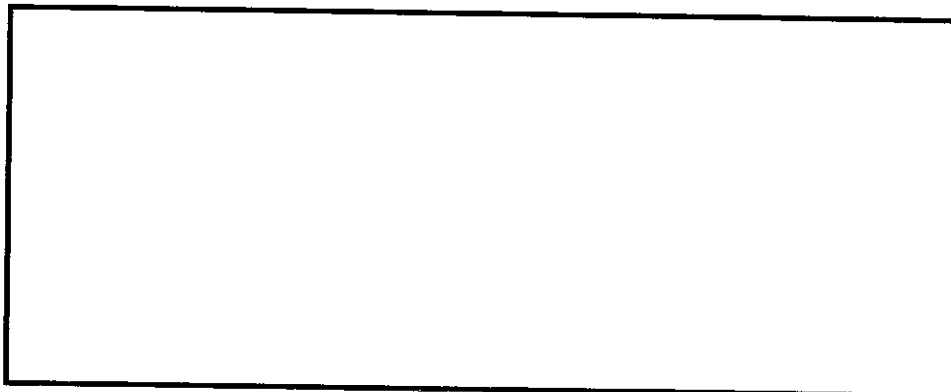
Birthdate: 01/29/1949

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
	8/3/20	09/2/20	0mm	SP	05714AA	② fore arm	AM

Initials	Signature	Initials	Signature
AM			



STAMP ABOVE