

**AUM Student Health Services
Immunization Record**

Patient Name: GINGER RICHARDSON

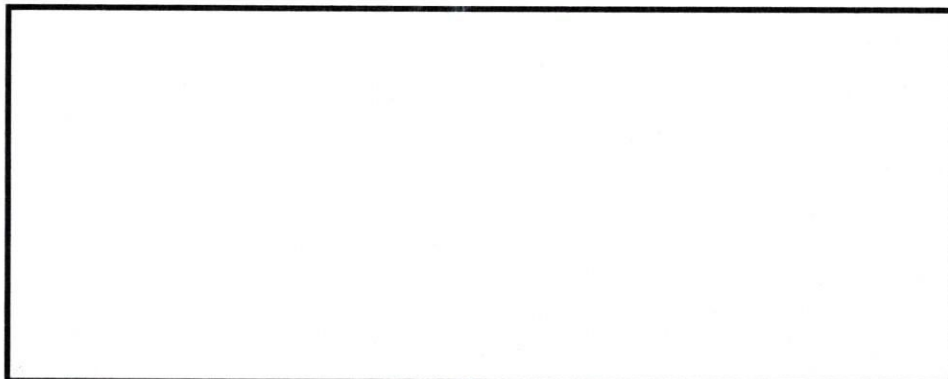
Birthdate: 04/29/1960

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B	09/10/20 10/12/20	W arm				7/16	JH
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials

Initials	Signature	Initials	Signature
JH	<i>Angela Howard</i>		



STAMP ABOVE