

**AUM Student Health Services
Immunization Record**

Patient Name: TATIANA DELAPEDRA

Birthdate: 08/25/1985

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	10/19/2020	10/19/2020	2mm	SP	C5135AA	② forearm	JH

Initials	Signature	Initials	Signature
JH	Jamca Harwood		

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

STAMP ABOVE