

AUM Student Health Services

Immunization Record

Patient Name: Claudia Stern

Birthdate: 1.4.74

Allergies/Medical Alert: N/A

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap	9/1/2024	Upper arm	LOT: 2372H EXP: 04/01/23 NDC 58180-842-43 Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX Mfg. by Shionogi Inc. Biologicals	0.5 mL			MS
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

Initials	Signature	Initials	Signature
MS	MS Stern		

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