

AUM Student Health Services

Immunization Record

Patient Name: McMichael, Breanna

Birthdate: 09/31/01

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B	10/19/2020	Distal	Imm	LOT: 4EA77 EXP: 09/11/22			JH
Other				ND: 58150-821-43 Hepatitis B Vaccine (Recombinant) ENGRIX-B 20 mcg/mL Mfg. by GlaxoSmithKline Biologicals			

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	10/19/2020			45702			

Initials	Signature	Initials	Signature
JH	<i>[Signature]</i>		

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

STAMP ABOVE

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