

**AUM Student Health Services
Immunization Record**

Patient Name: Lisa Smith

Birthdate: 09/29/87

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap	3/22/21	(L) Del	LOT: [REDACTED] EXP: [REDACTED] NDC 58180-842-43	[REDACTED]			
Td Booster			Tetanus Toxoid, Reduced Diphtheria Toxin and Acellular Pertussis Vaccine, Adsorbed BRISTOL Mfg by [REDACTED] Bristol-Myers Squibb 0.5 mL				
MMR				498018			
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	3/22/21	3/24/21	0	SP	U5751A	(L) Five arm	JH

Initials	Signature	Initials	Signature

**AUBURN UNIVERSITY MONTGOMERY
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P.O. BOX 244023
MONTGOMERY, AL 36124-4023**

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