

**AUM Student Health Services
Immunization Record**

Patient Name: Carrie Raeburn

Birthdate: 10/30/1983

Allergies/Medical Alert: penicillin

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other	Polio 12/15/21 (V)		0.5mL	Sunofi	Lot # T2E872m		JRS
			exp 10/22		NDC: 49281-800-10		JRS
	Typhoid 12/15/21 (P)		0.5mL	Sunofi	Lot # U2A431m	exp 10/15/23	

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

Initials	Signature	Initials	Signature
JRS	JRS		

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