

**AUM Student Health Services
Immunization Record**

Patient Name: Lillian Davis

Birthdate: 5/1/1903

Allergies/Medical Alert: PN

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other Typhoid	10/7/2022	② deltoid 1m	0.5ml	Sunofi	Lot: U2A431m NDW: 49281-790-88 expires: 10/03/2023	10/30/19	WR

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

Initials	Signature	Initials	Signature
WR	WR in PN		

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