

**AUM Student Health Services
Immunization Record**

Patient Name: Carol Alford

Birthdate: 3-10-47

Allergies/Medical Alert: sulfa.

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
<i>Typhoid</i> Other	2/14/2022	Upper Arm	0.5mL	Sunofi	L:V2A431m exp: 10/3/2023 NDL: 49281-790-88		WR

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

Initials	Signature	Initials	Signature
WR	WRB, RN		

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