

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Koch, Benjamin BIRTHDATE: 5-28-91

ALLERGIES/MEDICAL ALERT: _____

IMMUNIZATION	DATE	SITE	DOSE	MER	LOT#	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT	5-19-17	RA	0.5	SP	Adacel® NDC 49281-400-58 L U5561AB E 18FEB19		2/24/16	CS
DT								
Td BOOSTER								
MMR								
MR								
HIB								
HEPATITS B								
meningococcal	5/19/17	LD	0.5	SP	Menactra® NDC 49281-589-58 Mfd by: Sanofi Pasteur Inc. U5462AA		3/30/16	CS
OTHER								

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MTR	LOT#	COMMENTS	INITIALS

INITIALS	SIGNATURE	INITIALS	SIGNATURE
CS	CS [Signature], CAPS		