

# AUM Student Health Services

## Immunization Record

Patient Name: Shemekwa Farrow

Birthdate: 10.27.79

Allergies/Medical Alert: NKA

| Immunization            | Date              | Site               | Dose | MFR | Comments | V.I. S.         | Initials  |
|-------------------------|-------------------|--------------------|------|-----|----------|-----------------|-----------|
| Tdap                    |                   |                    |      |     |          |                 |           |
| Td Booster              |                   |                    |      |     |          |                 |           |
| MMR                     |                   |                    |      |     |          |                 |           |
| HEP A                   |                   |                    |      |     |          |                 |           |
| HEP B                   |                   |                    |      |     |          |                 |           |
| Other<br><u>Typhoid</u> | <u>10/21/2022</u> | <u>(C) deltoid</u> |      |     |          | <u>10/30/19</u> | <u>WR</u> |



|                                                  | Date Given: | Date Read: | Results: | MFR | LOT# | Comments | Initials |
|--------------------------------------------------|-------------|------------|----------|-----|------|----------|----------|
| Tuberculin Testing<br>PPD (MANTOUX)<br>0.1 ml ID |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |

| Initials  | Signature             | Initials | Signature |
|-----------|-----------------------|----------|-----------|
| <u>WR</u> | <u>WR [Signature]</u> |          |           |
|           |                       |          |           |
|           |                       |          |           |

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