

**AUM Student Health Services
Immunization Record**

Patient Name: MIKAYLA ZIMMERMAN

Birthdate: 01/10/1999

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	11/11/19	11-14-19	4 mm SP		C5588AA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM	[Signature]		
CA	[Signature]		

**AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023**

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