

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Sarah Struby BIRTHDATE: 1/11/52

ALLERGIES/MEDICAL ALERT: NKDA

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT#	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER								
MMR								
MR								
HIB								
HEPATITS B								
OTHER								

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT #	COMMENTS	INITIALS
	3/17/15	3/19/15	0mm	SP	C4652AA	(L) PA	AN
	8/17/16	8/19/16	0mm	SP	C5022BA	(L) Forearm	AM
	8/15/17	8/17/17	0mm	SP	C5039AA	(L) Forearm	AM
	8/20/18	8/22/18	0mm	SP	C5501AA	(L) Forearm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AN	Andrew Narchisch, RN		
AM	Sarah Struby		