

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Andrew Ackerman

BIRTHDATE: 2/26/1994

ALLERGIES/MEDICAL ALERT: _____

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

	DATE GIVEN	DATE READ	RESULTS	MER	LOT#	COMMENTS	INITIALS
TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	5/23/17	5/25/17	0mm	SP	C5036AA	(L) forearm	AM

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

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM			