

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Dorn Majure

BIRTHDATE: 12/28/53

ALLERGIES/MEDICAL ALERT: NKMA

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

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT#	COMMENTS	INITIALS
	7/21/17	7/24/17	Qmm	SP	C5040BA	(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
AM	<u>Hy M RN-BC</u>	