

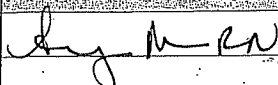
**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Sarah Foreman BIRTHDATE: 6/12/89

ALLERGIES/MEDICAL ALERT: _____

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
	7/26/17	7/28/17	2mm	SP	CS040BA	(2) forearm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM			

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

UNIVERSITY MONTGOMERY PREPARED BY AUM NCC 5/97
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