

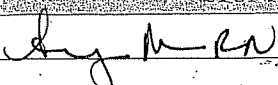
**AUM NURSING CARE CENTER  
IMMUNIZATION RECORD**

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<br>PPD (MANTOUX)<br>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**

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PREPARED BY AUM NCC 5/97  
Revised 6/99