

AUM Student Health Services

Immunization Record

Patient Name: Deanne Cleveland

Birthdate: 12-20-77

Allergies/Medical Alert: NKDA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B	2/1/22				4. Deltoid		LB
Other							



Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials

Initials	Signature	Initials	Signature
LB	J. L. Linton, CRNP		

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