

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Samantha Lee

BIRTHDATE: 6/13/93

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
	8/18/17	08/21/2017	Negative	SP	CS039AA	(L) forearm	RLM
	9/20/17	9/22/2017	Negative	SP	CS039AA	(R) forearm	RLM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
RLM	<i>[Signature]</i>		

**AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER**

IRMA B. MOORE HALL RM. 102

P.O. BOX 244023

MONTGOMERY, AL 36124-4023

REPAIRED BY AUM NCC 5/97

Revised 6/99