

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Emily Woodason

BIRTHDATE: 11/10/92

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
	8/21/17	8/23/17	0mm	SP	C5039AA	(L) fore arm	AM
	8/28/17	8/30/17	0mm	SP	C5039AA	(R) forearm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM	Emily M RN		

**AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA D. MOORE HALL RM. 102
P.O. BOX 244023
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PREPARED BY AUM NCC 5/97
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