

AUM Student Health Services

Immunization Record

Patient Name: Megan Traffenstedt

Birthdate: _____

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given	Date Read	Results	MFR	LOT#	Comments	Initials
	8-28-19	8/30/19	0 mm	SP	C5588 AA	Done	SP

Initials	Signature	Initials	Signature
LS	Danae Stewart, CRNP	MA	MJG

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