

AUM Student Health Services

Immunization Record

Patient Name: Megan Traffanstedt

Birthdate: 11/3/88

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
	9/4/18	9/6/18	0 mm	SP	C5501AA	@forecum	AM

Initials	Signature	Initials	Signature
AM	<i>[Signature]</i>		

AUBURN UNIVERSITY MONTGOMERY
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 IRMA B. MOORE HALL RM. 102
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