

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: J. Carter Burns

BIRTHDATE: 12/22/94

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 TST (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT#	COMMENTS	INITIALS
	8/23/17			SP	C5039AA	① forearm	AM

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