

**AUM Student Health Services
Immunization Record**

Patient Name: MELISSA MACIAS

Birthdate: 12/14/1999

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	10/21/20	10/23/20	0mm	SP	C5735AA	(L) forearm	AM

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

**AUBURN UNIVERSITY MONTGOMERY
 STUDENT HEALTH CENTER
 IRMA B. MOORE HALL RM. 102
 P.O. BOX 244023
 MONTGOMERY, AL 36124-4023**

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W. J. W.

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