

**AUM Student Health Services
Immunization Record**

Patient Name: Kelly Cox

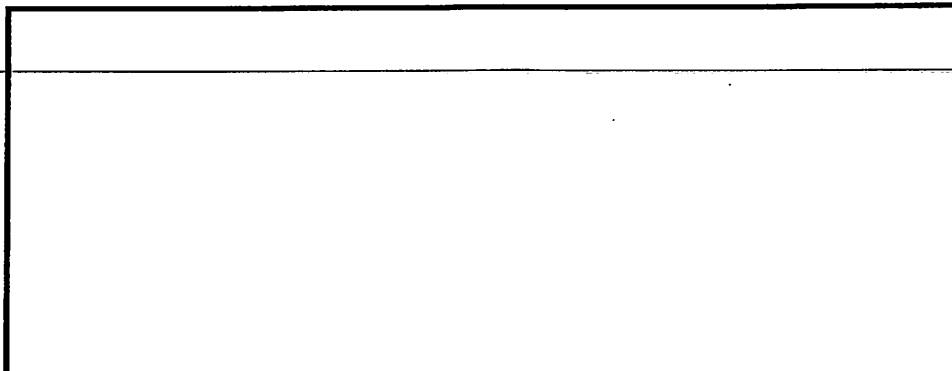
Birthdate: _____

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap	5/1/19	LD	0.5cc	Adacel® NDC 43281-400-58 (L) CS601AA (E) 12.MAR.2021		2/15	AM
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

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



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