

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Ashley Cochran

BIRTHDATE: 12/19/87

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 PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT #	COMMENTS	INITIALS
	10/27/17	10/30/17	0.00mm NEG.	SP	C554BA	② forearm	DM

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

AUBURN UNIVERSITY MONTGOMERY

**STUDENT HEALTH CENTER
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P.O. BOX 244023
MONTGOMERY, AL 36124-4023**