

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Tina Berry BIRTHDATE: 10/20/88

ALLERGIES/MEDICAL ALERT: _____

IMMUNIZATION	DATE	SITE	DOSE	MER	LOT #	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER Tdap	3/27/17	LD	0.5cc	SP	Adacel® HNC 49261-400-58 L 05561AB E 18FEB19	-	2/15	AM
MMR								
MR								
HIB								
HEPATITS B								
OTHER								

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MTR	LOT #	COMMENTS	INITIALS
	10/30/17	11-1-17	0.00 neg.	SP	CS154BA	(L) forearm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM	<i>[Signature]</i> RN-BC		AUBURN UNIVERSITY MONTG STUDENT HEALTH CENTE IRMA B. MOORE HALL RM. 1 P.O. BOX 244023 MONTGOMERY, AL 36124-40



INFECTION CONTROL FORM

Gift of Life
1348 Carmichael Way
Montgomery, AL 36106

Phone: 334-272-1820
Contact: Nancy Lee
Bill to: Gift of Life

Authorized by:

Paige Mitchell

Date: 10-23-17

Employee Name:

Tina Berry

Auburn University Montgomery Nursing Care Center
Irma B. Moore Hall, Room 102
Montgomery, Alabama 36124
334-244-3281

Infection Control

Conduct the following titer/vaccine/testing:

Titers:

☐ MMR
☐ Varicella

Vaccines:

☐ MMR
☐ Tdap

Testing:

☐ TB

Please verify identity by
picture identification of
employee presenting this
form.