

DATE OF EACH DOSE	TYPE ADMINISTERED	AMOUNT ADMINISTERED	PHYSICIAN OR HEALTH CLINIC
3-23-79			
6-8-79			
8-31-79			
9-11-80			
3-18-83			

POLIOMYELITIS

DATE OF EACH DOSE	TYPE ADMINISTERED	AMOUNT ADMINISTERED	PHYSICIAN OR HEALTH CLINIC
3-23-79			
6-8-79			
8-13-80			
9-11-80			
3-18-83			

DATE OF EACH DOSE	TYPE TEST USED	DATE READ	RESULTS MM	PHYSICIAN or HEALTH CLINIC
2-24-80	PDD	3-3-90	0	
3-18-83	PDD	3-21-83	0	

MEASLES - MUMPS - RUBELLA

DATE OF EACH DOSE	TYPE ADMINISTERED	AMOUNT ADMINISTERED	PHYSICIAN or HEALTH CLINIC
MMR	8-13-80		
MMR	11-8-90		

OTHER IMMUNIZATIONS

DATE OF EACH DOSE	TYPE ADMINISTERED	AMOUNT ADMINISTERED	PHYSICIAN or HEALTH CLINIC

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Amanda Moss BIRTHDATE: 1/26/79

ALLERGIES/MEDICAL ALERT: _____

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT #	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Tdap Td BOOSTER	9/1/15	LD	0.5	GSK	94325		2/24/15	AM
MMR								
MR								
HIB								
HEPATITS B								
OTHER								

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT #	COMMENTS	INITIALS
	9/1/15	9/3/15	0mm	SP	C4653AA	②forearm	AM

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

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TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT #	COMMENTS	INITIALS
	9/1/15	9/3/15	0mm	SP	C4653AA	(L) forearm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM	<i>Amanda Moss</i>		