

**AUM Student Health Services
Immunization Record**

Patient Name: Wynn, Dale

Birthdate: 8/23/1981

Allergies/Medical Alert: None

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A	8/19/02	Upper Arm	LOT: [REDACTED] EXP: [REDACTED]			✓	MB
HEP B			NDC 50100-815-43 Hepatitis A & Hepatitis B (Recombinant) Vaccine TWINRIX 1 mL				
Other			Mfg. by GlaxoSmithKline Biologicals 495708				

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials

Initials	Signature	Initials	Signature
MB	MB [Signature]		

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

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