

**AUM Student Health Services
Immunization Record**

Patient Name: John Fleming

Birthdate: 9/14/1990

Allergies/Medical Alert: Shell fish

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other	11/4/2022	Deltoid	0.5ml	Sum of	exp 10/3/23		JMB
	Taphoid	NPL 49281-790-88			L#-42A431m		

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

Initials	Signature	Initials	Signature
JMB			

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