

**AUM Student Health Services
Immunization Record**

Patient Name: Amanda Golden

Birthdate: 2-12-91

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap	12/16/21	CORTEX	LOT: M442P EXP: 10/27/23 NDC 58160-942-43 Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX 0.5 mL				UAB
Td Booster							
MMR							
HEP A							
HEP B							
Other							

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

Initials	Signature	Initials	Signature
UAB	UAB [Signature]		

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