

AUM Student Health Services

Immunization Record

Patient Name: Ellie FlemingBirthdate: 8/11/2020Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Typhoid Other	8/11/2022	L Deltoid	0.9mL	Sanofi	Lot: U2A431m exp 10/3/23 NDL: 49281-790-88	10/30/19	MS

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

Initials	Signature	Initials	Signature
MS	MS [Signature]		

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

STAMP ABOVE