

**AUM Student Health Services
Immunization Record**

Patient Name: John Raeburn

Birthdate: 7/25/1991

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Polio	12/13/21	Deltoid	0.5ml	Sunofi	Lot #12E872m		JRS
Other					NDL: 49281-860-10		
Typhoid	12/13/21	Deltoid	0.5ml	Sunofi	Lot #V2A431m exp 10/31/23		
					NDL: 49281-790-08		

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

Initials	Signature	Initials	Signature
JRS	JRS		

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