

AUM Student Health Services

Immunization Record

Patient Name: Rachel Riccelli

Birthdate: 10/12/58

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
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	1/16/18	01/19/18	Negative (0.00mm)	SP	CS154AA	(2) forearm	AM

Initials	Signature	Initials	Signature
Am	<i>[Signature]</i>		

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

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