

AUM Student Health Services

Immunization Record

Patient Name: Courtney Cochran

Birthdate: 4/24/1987

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	8/28/19	8/30/19	0mm	SP	C5598AA	(b) fore arm	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

STAMP ABOVE