

**AUM Student Health Services
Immunization Record**

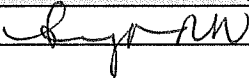
Patient Name: Eun Jung Jung

Birthdate: _____

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap	3/6/18	LD	0.5	SP	Adacel® YDC 49231-400-58 L U5879AA E 13MAR20	2/15	AM
Td Booster					7002151400 1 Single-dose 0.5-mL Vial MEASLES, MUMPS, AND RUBELLA VIRUS VACCINE LIVE M-M-R® II Rx only Lot Exp. N024696 2019APR07		
MMR	3/6/18	LA	0.5			2/18	AM
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	3/6/18	3/8/18	0.0mm	SP	C5471AA	(L) Forearm	AM

Initials	Signature	Initials	Signature
AM			

**AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
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MONTGOMERY, AL 36124-4023**

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