

**AUM Student Health Services
Immunization Record**

Patient Name: Ashwin Vinod

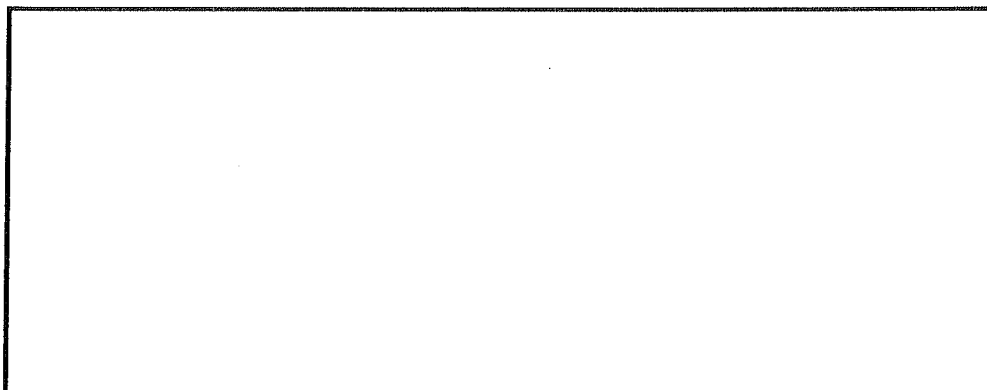
Birthdate: _____

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	1/5/18	1/8/17	7mm	SP	C5154AA	(L) fore arm	Only

Initials	Signature	Initials	Signature
fy	RN		



STAMP ABOVE