

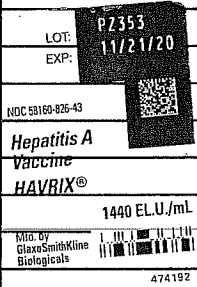
AUM Student Health Services

Immunization Record

Patient Name: Amanda Diggs

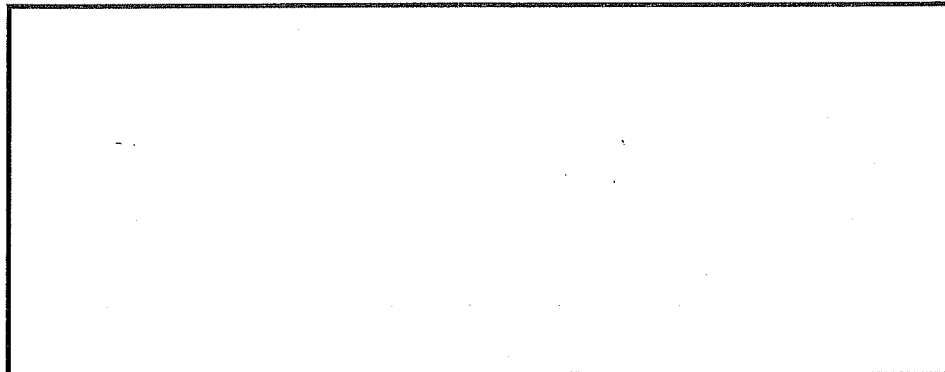
Birthdate: 11/23/69

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A	8/6/18	LD	0.5mL	GSK			(AA)
HEP B							
Other							

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

Initials	Signature	Initials	Signature
(AA)	MAJ CRP		



STAMP ABOVE