

**AUM Student Health Services
Immunization Record**

Patient Name: Brittany Cox

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
	12/11/19	12/13/19	Qmm	SP	C5711AA	② forearm	AM

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

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