

**AUM Student Health Services
Immunization Record**

Patient Name: Lee, Fatimah

Birthdate: 12/27/03

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	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	04/21/21	4/28/21		SP	CG751AA	① Forearm	JH

Initials	Signature	Initials	Signature

**AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 241023
MONTGOMERY, AL 36124-4023**

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