

**AUM Student Health Services
Immunization Record**

Patient Name: Kristin Burke

Birthdate: 12-28-83

Allergies/Medical Alert: N/A

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
<u>Tdap</u>	<u>12/14/2021</u>	<u>Left Arm</u>	LOT: M442P EXP: 10/27/23  NDC 58160-842-43 Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX 0.5 mL Mfg. by GlaxoSmithKline Biologicals 496018				<u>KB</u>
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							

Initials	Signature	Initials	Signature
<u>KB</u>	<u>KB</u>		

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