

AUM Student Health Services

Immunization Record

Patient Name: Erica Johnson

Birthdate: 06/30/1986

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
	3-12-18	3-14-18	0.0mm	SP	C5471AA	(5) FA	LS
	3-26-18	3/29/18	0mm	SP	C5471AA	(R) forearm	AM

Initials	Signature	Initials	Signature
LS	Lisa Stewart, CRNP		
AM	cheryl RN-BC		

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