

AUM Student Health Services

Immunization Record

Patient Name: Dennis mitchellBirthdate: 1/1/79

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	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	3/13/18			SP	CS471AA	(L) forearm	AM
	3/20/18	3/22/18	Neg.	SP	CS471AA	(R) forearm	AM
			< 6mm	AM Morris			

Initials	Signature	Initials	Signature
AM	<i>AM Morris</i>		

ALBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
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