

**AUM Student Health Services
Immunization Record**

Patient Name: maria mcCreary

Birthdate: 9/15/1992

Allergies/Medical Alert: N/A

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	4-18-22	4/20/22	8 mm	Sanofi	CSR05AA	exp 3/17/23 (U) FA	MS

Initials	Signature	Initials	Signature
MS	MS [Signature]		

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