

**AUM Student Health Services  
Immunization Record**

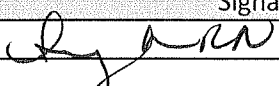
**Patient Name:** Tieun Kwon

**Birthdate:** \_\_\_\_\_

**Allergies/Medical Alert:** \_\_\_\_\_

| Immunization | Date | Site | Dose | MFR | Comments | Visit Date | Initials |
|--------------|------|------|------|-----|----------|------------|----------|
| Tdap         |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
| Td Booster   |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
| MMR          |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
| HEP A        |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
| HEP B        |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
| Other        |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |
|              |      |      |      |     |          |            |          |

| Tuberculin Testing<br>PPD (MANTOUX)<br>0.1 ml ID | Date Given: | Date Read: | Results: | MFR | LOT#    | Comments  | Initials |
|--------------------------------------------------|-------------|------------|----------|-----|---------|-----------|----------|
|                                                  | 3/20/18     | 3/22/18    | Negative | SP  | C5471AA | ② forearm | DM       |
|                                                  |             |            |          |     |         |           |          |
|                                                  |             |            |          |     |         |           |          |
|                                                  |             |            |          |     |         |           |          |

| Initials | Signature                                                                           | Initials | Signature |
|----------|-------------------------------------------------------------------------------------|----------|-----------|
| DM       |  |          |           |
|          |                                                                                     |          |           |
|          |                                                                                     |          |           |

**AUBURN UNIVERSITY MONTGOMERY  
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