

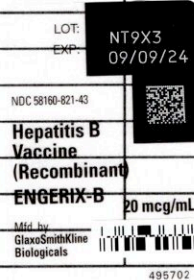
**AUM Student Health Services
Immunization Record**

Patient Name: Cameron Hurt

Birthdate: 5/26/91

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
<u>HEP B</u>	<u>5/26/2023</u>	<u>(L) Deloid</u>	<u>1m</u>			<u>10/19/21</u>	<u>WJS</u>
Other							



	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing							
PPD (MANTOUX)							
0.1 ml ID							

Initials	Signature	Initials	Signature
<u>WJS</u>	<u>WJS [Signature]</u>		

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