

**AUM Student Health Services
Immunization Record**

Patient Name: Nancy Kidwell

Birthdate: 6/14/1991

Allergies/Medical Alert: surgical adhesive

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Typhoid Other	8/19/2022	(L) Deltoid	0.5ml	Sunofi	L:U2A431m exp 10/3/23 NDL:49291-790-88	10/30/19	MS

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

Initials	Signature	Initials	Signature

**AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023**

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