

**AUM Student Health Services
Immunization Record**

Patient Name: Charles Kidwell

Birthdate: 11/14/1947

Allergies/Medical Alert: N/A

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Typhoid Other	8/19/2022	(R) Deltoid 1m	0.5ml	Sunofi	L: V2A731m exp: 10/03/25 NDL: 49281-790-08	10/30/19	WP

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

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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