

AUM Student Health Services

Immunization Record

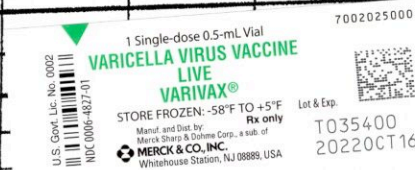
Patient Name: Caithlyn Blevins

Birthdate: 11-16-2000

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other	11/21/2011	LT arm					UB

Varicella



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

Initials	Signature	Initials	Signature
UB	[Signature]		

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