

**AUM Student Health Services
Immunization Record**

Patient Name: Sjwan Crenshaw

Birthdate: 6.4.70

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other <u>varicella</u>	<u>2/10/2023</u>	<u>(L) Tarm</u> <u>Sub Q</u>				<u>8/2019</u>	<u>MR</u>



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

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

AUBURN UNIVERSITY MONTGOMERY
 STUDENT HEALTH CENTER
 IRMA B. MOORE HALL RM. 102
 P.O. BOX 244023
 MONTGOMERY, AL 36124-0023

STAMP ABOVE