

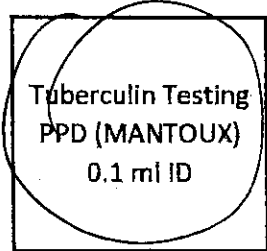
**AUM Student Health Services
Immunization Record**

Patient Name: Mariah Carter

Birthdate: 11/3/94

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	12-7-22	12-9-22	0mm Sanofi		C580VAA	exp 3/25/23 HA	RB

Initials	Signature	Initials	Signature
		RB	Rita Blackman

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

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