

**AUM Student Health Services  
Immunization Record**

**Patient Name:** Karen Dixon

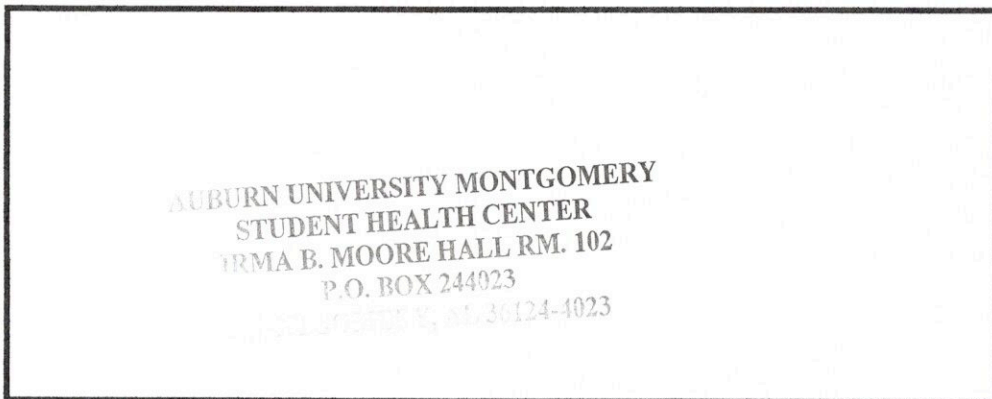
**Birthdate:** 2/5/95

**Allergies/Medical Alert:** NKA

| Immunization | Date       | Site      | Dose | MFR                                                                                                                                                                         | Comments | V.I. S.  | Initials |
|--------------|------------|-----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| Tdap         |            |           |      |                                                                                                                                                                             |          |          |          |
| Td Booster   |            |           |      |                                                                                                                                                                             |          |          |          |
| MMR          |            |           |      |                                                                                                                                                                             |          |          |          |
| HEP A        |            |           |      |                                                                                                                                                                             |          |          |          |
| HEP B        | 11/21/2022 | 0.5 ml ID | 1ml  | <div> <div>LOT: 25K3M</div> <div>EXP: 06/02/24</div> <div>NDC 58160-821-43</div> <div>Hepatitis B Vaccine (Recombinant)</div> <div>20 mcg/mL</div> <div>495702</div> </div> |          | 10/19/21 | MB       |
| Other        |            |           |      |                                                                                                                                                                             |          |          |          |

| Tuberculin Testing<br>PPD (MANTOUX)<br>0.1 ml ID | Date Given: | Date Read: | Results: | MFR | LOT# | Comments | Initials |
|--------------------------------------------------|-------------|------------|----------|-----|------|----------|----------|
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |
|                                                  |             |            |          |     |      |          |          |

| Initials | Signature      | Initials | Signature |
|----------|----------------|----------|-----------|
| MB       | MB [Signature] |          |           |
|          |                |          |           |
|          |                |          |           |



STAMP ABOVE