

**AUM Student Health Services
Immunization Record**

Patient Name: Robert Smith

Birthdate: 12/7/48

Allergies/Medical Alert: quinolones

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A	1/5/2023	(L) Deltoid		LOT: 55M72 EXP: 12/13/24			WR
HEP B		1m		NDC 06100-826-43 Hepatitis A Vaccine HAVRIX			
Other				Mfr. by GlaxoSmithKline Biologicals 144 ELU/mL 495654			

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

Initials	Signature	Initials	Signature
WR	WR J PEN		

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

STAMP ABOVE