

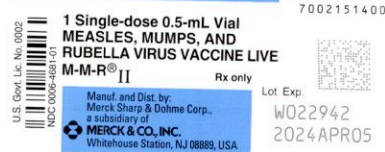
**AUM Student Health Services
Immunization Record**

Patient Name: Laurice Smith

Birthdate: 9/30/00

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I.S.	Initials
Poli O Edap IPOL	2/1/2023	(R) deltoid	0.5mL	Sanofi	exp 6/1/24	8/6/21	UR
		1m		NDC: 49281-840-10			
				Lot # V1B891m			
Td Booster							
MMR	2/1/2023	(L) T arm				8/6/21	UR
		Sub Q					
HEP A							
HEP B							
Typhoid Other	2/1/2023	(L) deltoid	0.5mL	Sanofi	Lot # U2A431m	10B0119	UR
		1m		NDC:			
				exp: 11/3/23			



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

Initials	Signature	Initials	Signature
UR	UR [Signature], RN		

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

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