

AUM Student Health Services

Immunization Record

Patient Name: Chrisyona Finklea

Birthdate: 12/18/2002

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other <u>Meningococcal</u>	<u>12-13-23</u>	<u>One 1 tvid 1m</u>		<u>Sanofi</u> MenQuadfi® NDC 49281-590-58 Rx only Mfd by: Sanofi Pasteur Inc. L U7632BA	<u>exp: 4/14/25</u>	<u>8/16/21</u>	<u>WFS</u>

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

Initials	Signature	Initials	Signature
<u>WFS</u>	<u>WFS</u>		

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