

**AUM Student Health Services
Immunization Record**

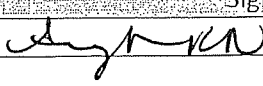
Patient Name: Dawneese Bowen

Birthdate: 12/12/71

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given	Date Read	Results	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	5/9/18	05/11/18	0.00mm	SP	C5472AA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM			

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