

**AUM Student Health Services
Immunization Record**

Patient Name: Dawne ese 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							

Tuberculin Testing: PPD (MANTOUX) 0.1 ml ID	Date Given	Date Read	Results	MFR	LOT#	Comments	Initials
	5/20/19	5/23/19	0mm	SP	CSS63AB	(L) forearm	AM

Initials	Signature	Initials	Signature
AM	<i>[Signature]</i>		
(AM)	<i>[Signature]</i>		

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