

AUM Student Health Services

Immunization Record

Patient Name: Naveen Drinavalli

Birthdate: 5.22.97

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	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	11/1/2021	11.3.21		Sanofi	65730AA	Rt at exp 6/22/22	WB

Initials	Signature	Initials	Signature
WB			

AUBURN UNIVERSITY MONTGOMERY
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