

AUM Student Health Services

Immunization Record

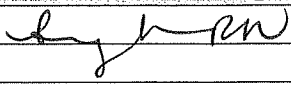
Patient Name: Henil Kumar Shetye

Birthdate: 6/17/97

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	1/19/18	1/22/18	0.00 mm Neg.	SP	CS471AA	(L) Forearm	AM

Initials	Signature	Initials	Signature
AM			

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

STAMP ABOVE