

AUM Student Health Services

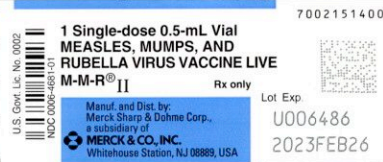
Immunization Record

Patient Name: Alekhyia Karacharla

Birthdate: 9.30.94

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR	3/11/2022	LT arm				8/16/21	MB
HEP A							
HEP B							
Other							



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

Initials	Signature	Initials	Signature
MB	MB [Signature]		

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