

AUM Student Health Services

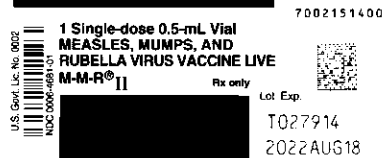
Immunization Record

Patient Name: Venkata Katragadda

Birthdate: 9.14.96

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR	11/4/2021	L. Arm					UB
HEP A							
HEP B							
Other							



	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	11/2/2021	11/4/21	⊖	Sanofi	CS804AA	①FA exp 2/3/23	UB

Initials	Signature	Initials	Signature
UB	UB. Katragadda	UB	[Signature]

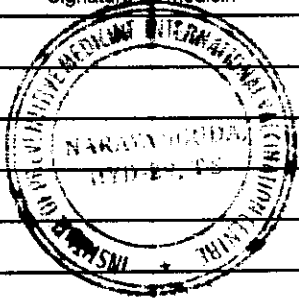
AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

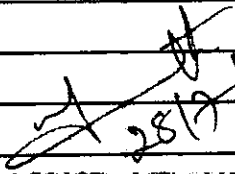
STAMP ABOVE

Date	Nature of Vaccine Genre de vaccin	Dose
	M. M. R. Vaccine	
	B. No. 0/30	0.5ml
	N116A	
	DO NOT OPEN OR REMOVE CAPSULE	
28 JUL 2021	Tdap Vaccine	
	BOOSTRIX	
	AC37B	0.5ml
	379DC	

6

Physician's signature
Signature du médecin



 28/7/2021

CIVIL ASSISTANT SURGEON
Institute Of Preventive Medicine
Narayanguda, Hyderabad

7

Venkata Katragadda
9.4.96