

AUM Student Health Services

Immunization Record

Patient Name: Sanveswara Manda

Birthdate: 8-16-1996

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

exp-2-3-23

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	8-25-21	8-21-21	⊕	Sanofi	C5804AA	Hx arm	DM

Initials	Signature	Initials	Signature
DM	Sanveswara Manda		

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

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