

**AUM Student Health Services
Immunization Record**

Patient Name: Sai Sri Likitha Surabattula

Birthdate: 9/11/1998

Allergies/Medical Alert: NKA

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#	UFA Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	8/14/21	8-19-21	Ⓢ	Surafi	657026A	exp. 11/1/23	JSB

Initials	Signature	Initials	Signature
JSB	JSB		

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

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