

## AUM Student Health Services

## Immunization Record

Patient Name: Adithya BathojuBirthdate: 11-3-1991Allergies/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#    | Comments         | Initials |
|--------------------------------------------------|-------------|------------|-------------------------------------------------------------------------------------|--------|---------|------------------|----------|
| Tuberculin Testing<br>PPD (MANTOUX)<br>0.1 ml ID | 8/18/2021   | 8-20-21    |  | Sanofi | G57026A | exp 11/13/23 GFA | JMB      |
|                                                  |             |            |                                                                                     |        |         |                  |          |
|                                                  |             |            |                                                                                     |        |         |                  |          |
|                                                  |             |            |                                                                                     |        |         |                  |          |

| Initials | Signature                                                                           | Initials | Signature |
|----------|-------------------------------------------------------------------------------------|----------|-----------|
| JMB      |  |          |           |
|          |                                                                                     |          |           |
|          |                                                                                     |          |           |

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